

Clinical Quality

*Value-based purchasing in
Wisconsin Family Medicaid and BadgerCare*

MEDDIC-MS

Vol. 2. 2006 HMO-Specific Performance Data

Wisconsin Department of Health and Family Services
Division of Health Care Financing, Bureau of Managed Health Care Programs

September 2007

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Wisconsin Family Medicaid and BadgerCare*

Quality Assessment and Performance Improvement

MEDDIC-MS Data Book Volume 2: 2006 HMO-specific Performance Data

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Introduction and Background

Quality assessment and performance improvement is a central element in Wisconsin's value-based purchasing strategy. Automated performance measures allow performance data to be generated across a wide range of clinical care areas at very low cost and no disruption to provider clinics and hospitals. Quality data is used for quality improvement by health plans and by the Department of Health and Family Services (DHFS). Public reporting of the data supports transparency and accountability. Performance is publicly reported on a program-wide basis and on an HMO-specific, comparative basis.

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set) is Wisconsin's set of automated performance measures for Family Medicaid and BadgerCare (the State Children's Health Insurance Program or SCHIP) managed care. This report does not include data on care provided for individuals eligible for SSI (Supplemental Security Income).

Use of MEDDIC-MS was approved by the Centers for Medicare and Medicaid Services (CMS) as part of its review of the state's quality improvement strategy in August 2003. CMS has recognized MEDDIC-MS, MEDDIC-MS SSI and the goal-setting system as Medicaid/SCHIP/SSI "Promising Practices. For more information, go to: <http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/MSPPDL/list.asp#TopOfPage>

The Agency for Healthcare Research and Quality (AHRQ) has approved MEDDIC-MS and MEDDIC-MS SSI for inclusion in the National Quality Measures Clearinghouse (NQMC®). View the measure summaries on the NQMC at: <http://www.qualitymeasures.ahrq.gov/browse/measureindex.aspx> and scroll down to "State of Wisconsin."

MEDDIC-MS and MEDDIC-MS SSI performance measures are approved for health plan accreditation by URAC® (Utilization Review Accreditation Commission) and by the Accreditation Association for Ambulatory Health Care (AAHC®) for Medicaid, SCHIP and SSI populations.

Technical specifications for the performance measures and previous quality performance reports are available online at: http://www.dhfs.state.wi.us/medicaid7/reports_data/quality_reports/index.htm

The data in this booklet presents HMO-specific performance rates for each HMO on the MEDDIC-MS performance measures based on calendar year 2006 data.

HMO name	Accreditation	Total enrollment (July 2007)**	Type of HMO	Number of full & partial counties served
Abri Health Plan	None	8,368	Mixed model	4
Children's Community Health Plan	None	8,547	Mixed model	4
Compcare	None	27,170	Mixed model	26
Dean Health Plan	NCQA*	11,774	Group model	4
Group Health Cooperative- Eau Claire	None	18,141	Mixed model	23
Group Health Cooperative- South Central	NCQA*	3,866	Staff model	1
Health Tradition Health Plan	None	6,070	Group model	6
Managed Health Services	None	86,744	IPA	28
MercyCare Insurance Corporation	NCQA*	9,416	IPA	5
Network Health Plan	None	44,113	Group model	28
Security Health Plan	NCQA*	24,219	Group model	23
UnitedHealthcare	NCQA*	125,378	IPA	20
Unity Health Plans	NCQA*	3,443	IPA	1

*This HMO is accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services HMO Accreditation Incentive Program.

** Medicaid and BadgerCare enrollees only—excludes commercial and Medicare+Choice enrollees, if applicable.

Key to HMOs for Individual HMO charts:

AHP Abri Health Plan
CCP Children's Community Health Plan
CHP CompCare Health Plan (formerly Atrium Health Plan)
DHP Dean Health Plan
GHE Group Health Cooperative-Eau Claire
GHC Group Health Cooperative-South Central
HTP Health Tradition Health Plan
MHS Managed Health Services
MCP MercyCare Insurance Corporation
NHP Network Health Plan
SHP Security Health Plan
UHC UnitedHealthcare (Americhoice)
UHP Unity Health Plans

For additional information, contact:

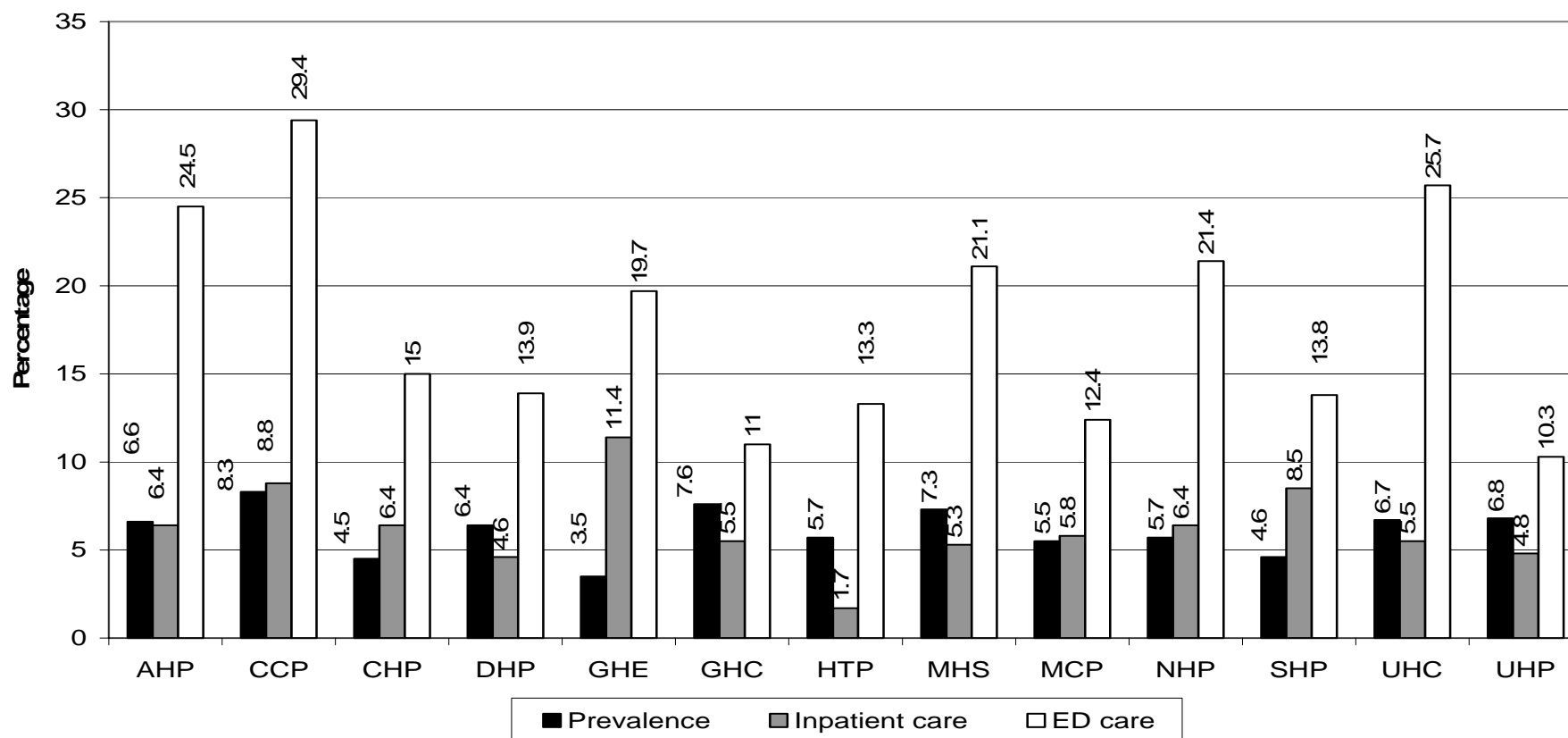
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Results on Clinical Performance Measures

Asthma care

Monitoring measure

Asthma care, age birth to 20 years, by HMO

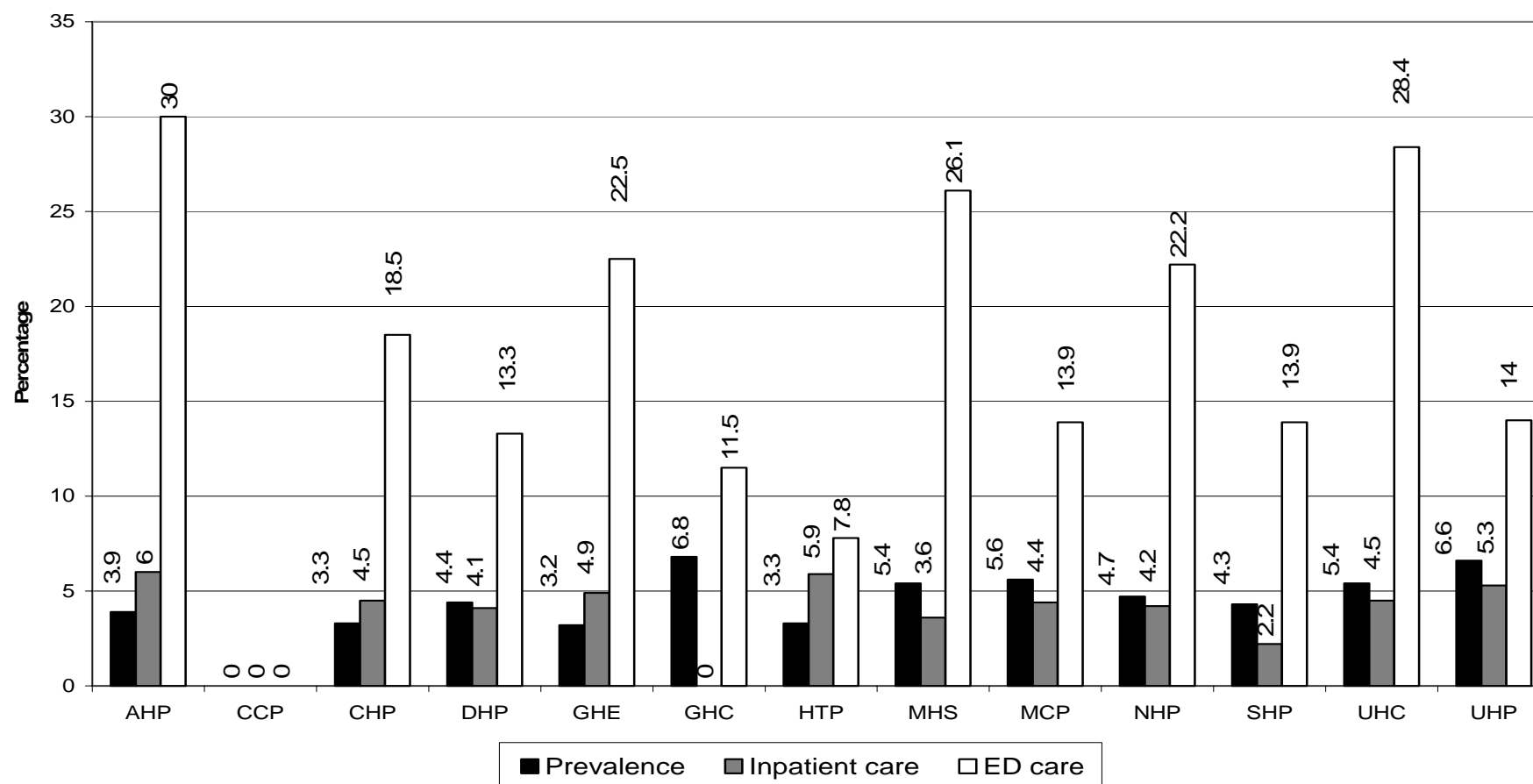


In 2006, the average period prevalence for asthma was 6.3 percent among children birth to age 20 years, 4.9 percent in the 21+ years age group. The overall inpatient care rates were 5.8 percent for the birth to age 20 group and 4.0 Percent for the 21+ years age group. The emergency care rates were 21.2 percent for the birth to age 20 group and 23.7 percent for the 21+ age group. Please refer to p. 7 for a key to the HMO abbreviations. ED refers to emergency department care. (Results continued on next page.)

Asthma care (continued)

Monitoring measure

Asthma care, age 21+ years, by HMO

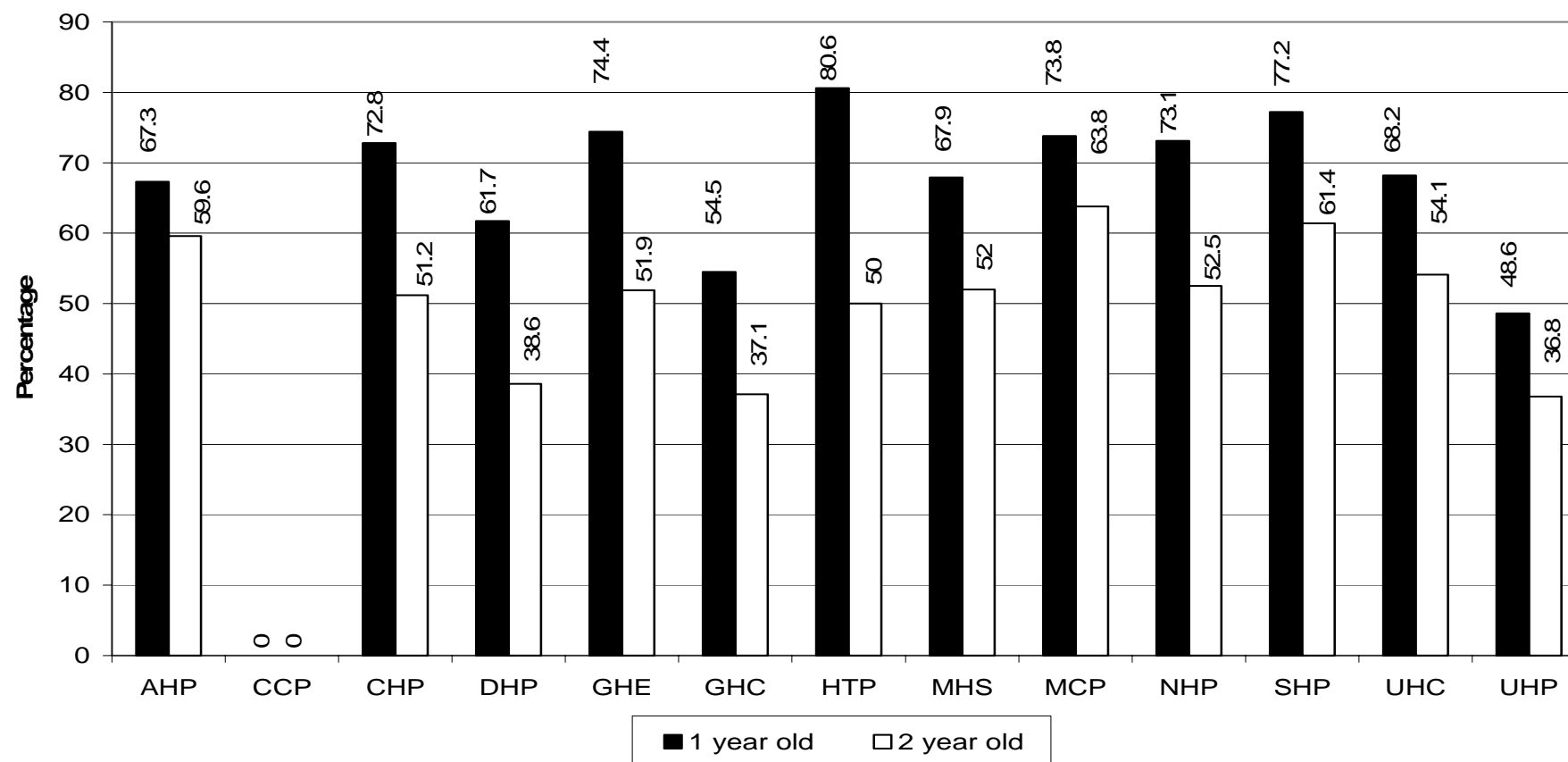


Please refer to p. 7 for a key to the HMO abbreviations.

Blood lead toxicity screening

Targeted performance improvement measure

Blood lead toxicity screening, age one and two years, by HMO

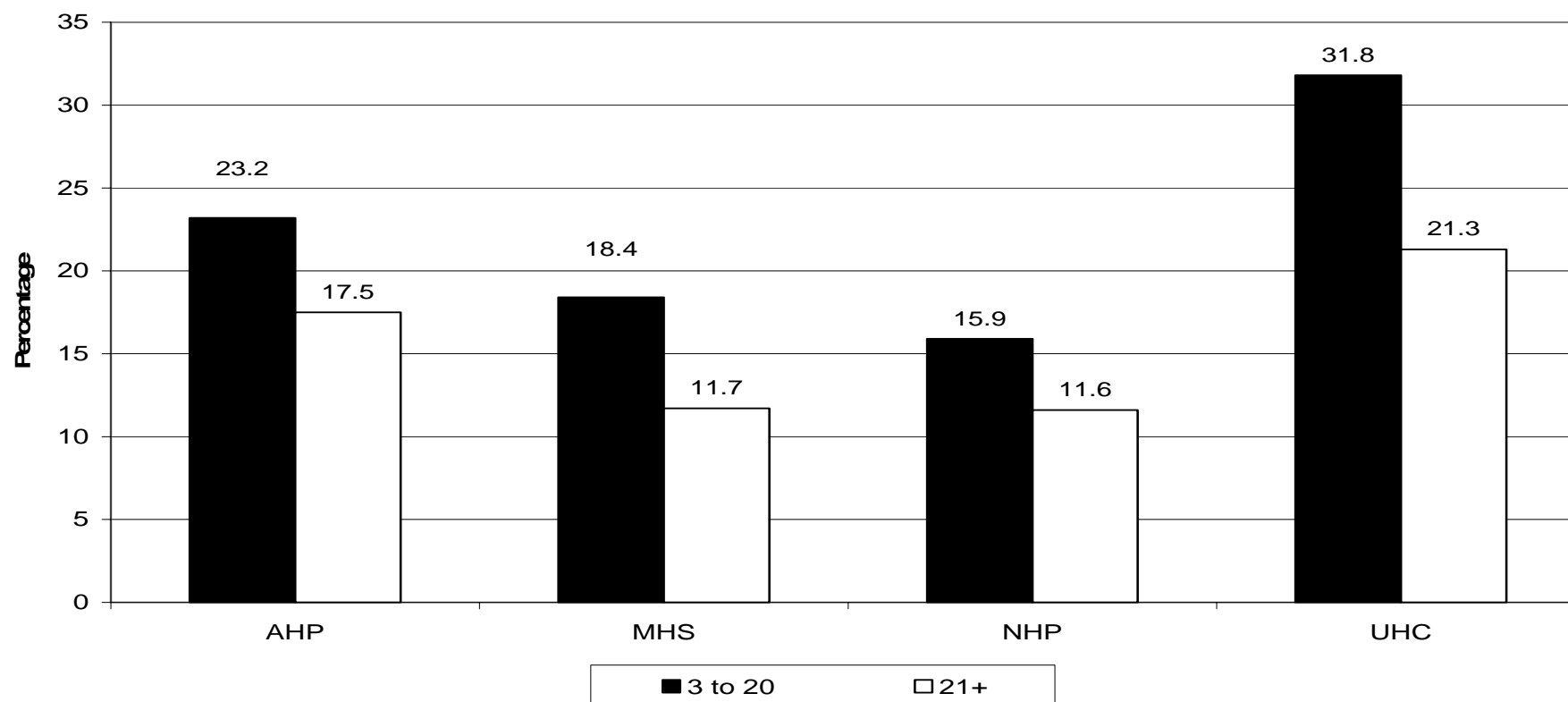


The average blood lead testing rate in the one year old age group in 2006 was 69.6 percent, and was 52.6 percent for two year olds. CCP had fewer than 30 enrollees in the denominator for one and two-year-olds in this measure and so do not have values shown. Please refer to p. 7 for a key to the HMO abbreviations.

Dental (Preventive) Services

Targeted performance improvement measure

Dental preventive care, age 3-20 and 21+ years, by HMO



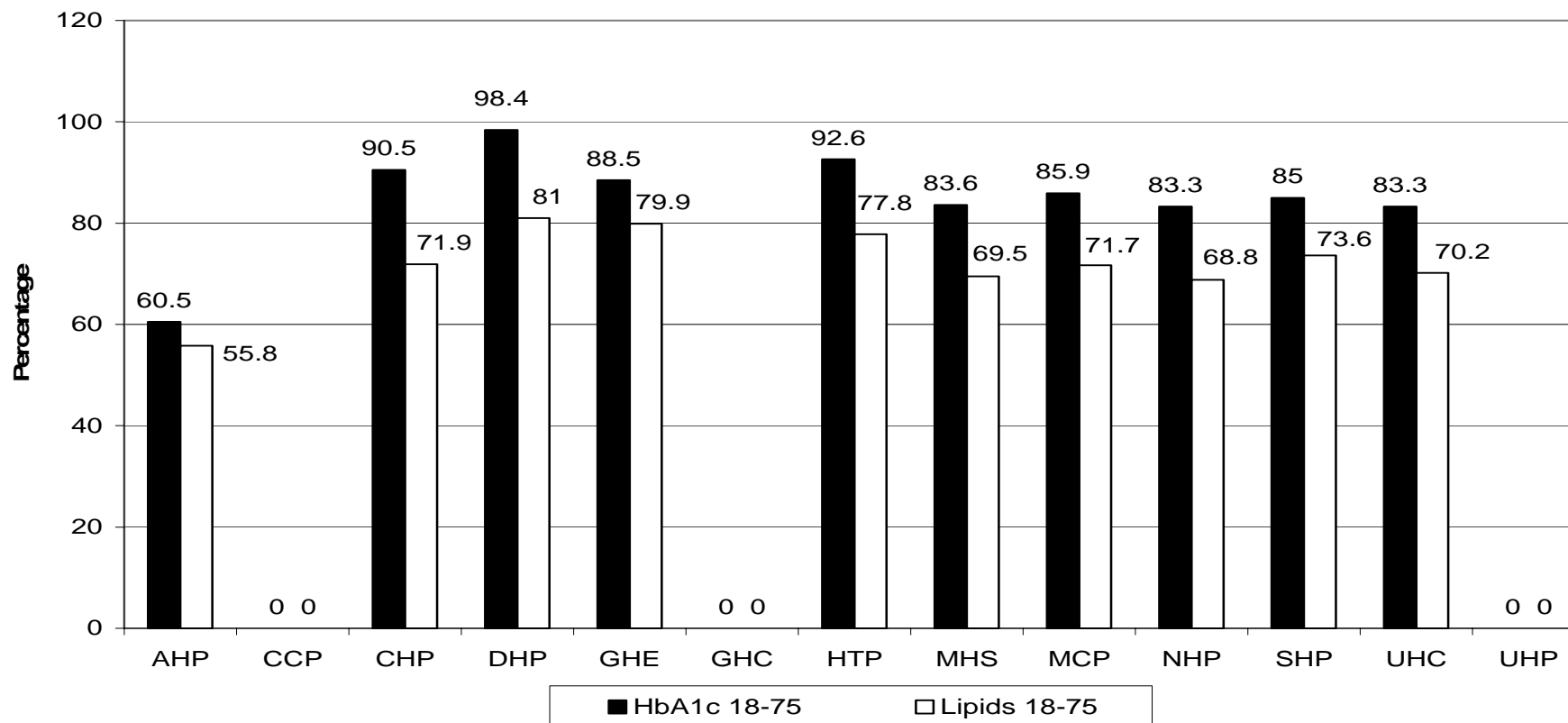
In 2006, the average rate of provision of preventive dental care in the 3-20 years-of-age cohort was 23.5 percent; the average was 15.8 percent in the 21+ years-of-age cohort.

Note: Four HMOs provided dental care under their Medicaid/BadgerCare contract in 2006. Please refer to p. 7 for a key to the HMO abbreviations.

Diabetes care

Targeted performance improvement measure

Diabetes care, age 18-75, by HMO

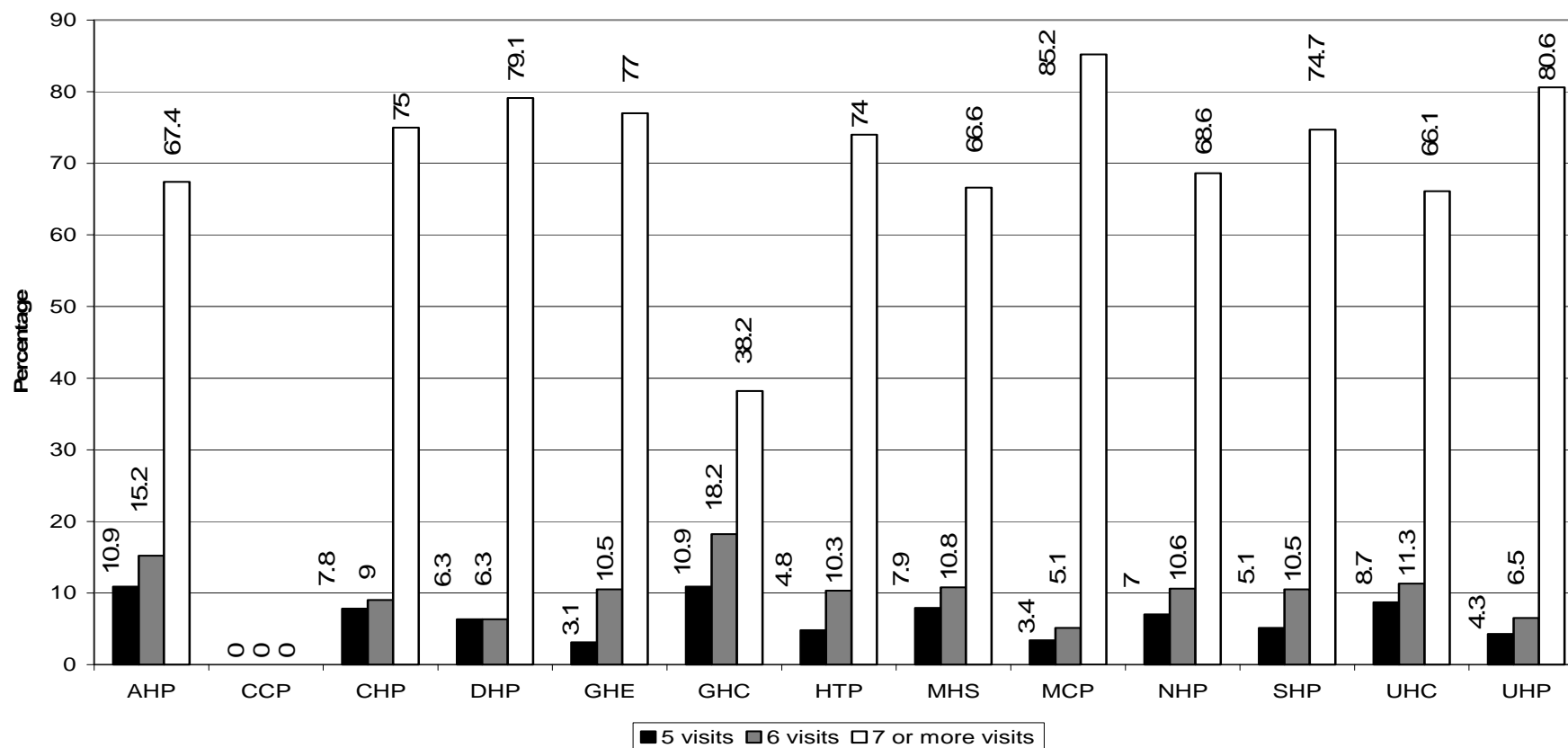


Three HMOs (CCP, GHC and UHP) had fewer than 30 enrollees in the denominator and so do not have results included in the chart. The birth to age 17 years age cohort is not reported by individual HMO due to very small denominator numbers. The 2006 overall HMO average rate for hemoglobin A1c (HbA1c) for adults was 84.1 percent; the average rate for lipids testing was 70.4 percent. Please refer to p. 7 for a key to the HMO abbreviations.

EPSDT comprehensive well-child exams

Targeted Performance Improvement Measure

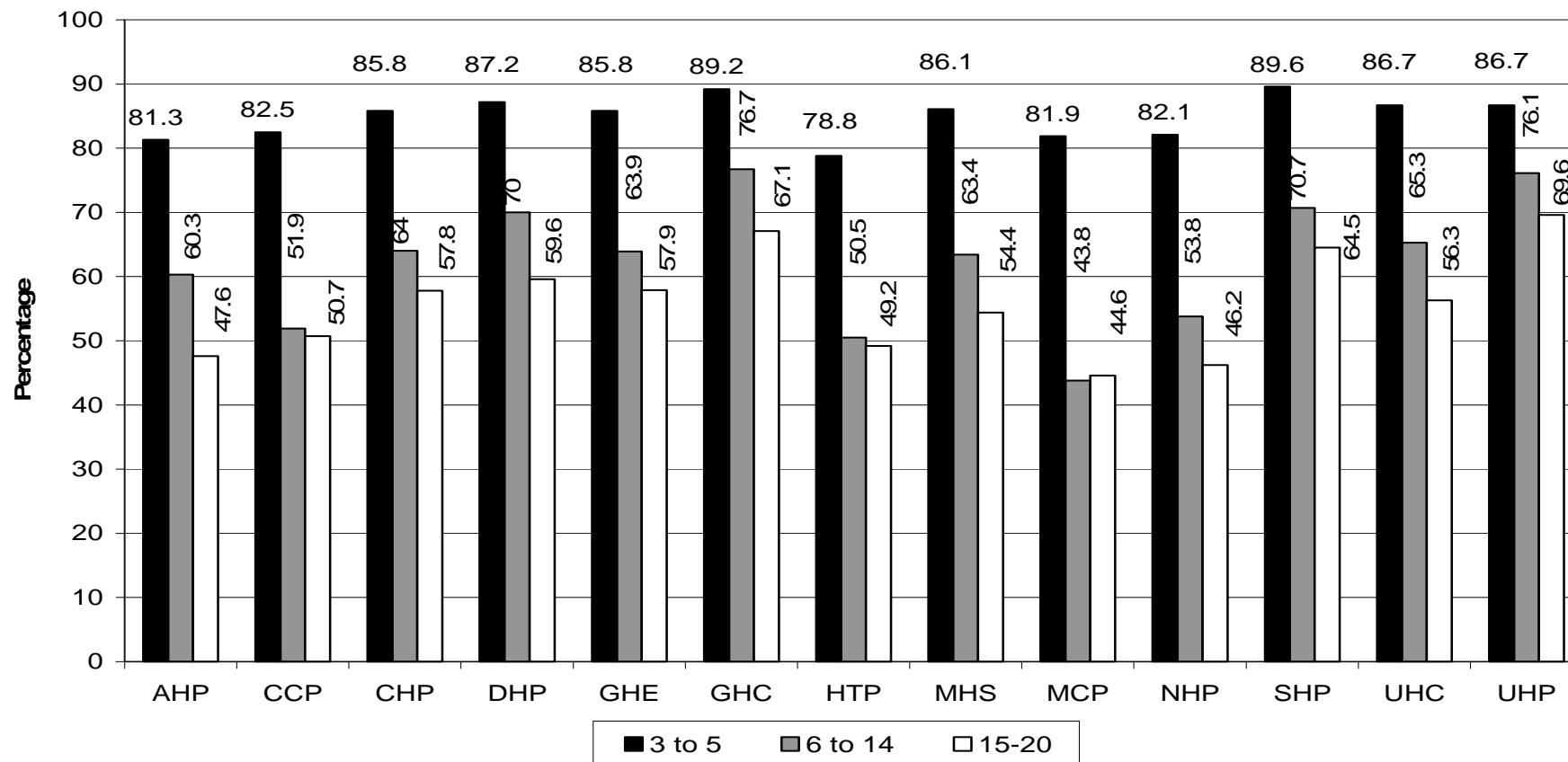
Early, periodic screening, diagnosis and treatment (EPSDT)
exams by HMO, birth to age two years



In 2006, the average rate of children up to age two years with 7 or more EPSDT exams across all HMOs was 69.1 percent. The average rate for children with 6 exams was 10.4 percent and for 5 exams, it was 7.4 percent. One HMO, CCP had fewer than 30 enrollees in the denominator, so the individual HMO rate is not shown. Please refer to p. 7 for a key to the HMO abbreviations. Results are continued on next page.

EPSDT comprehensive well-child exams (continued)

Early, periodic screening, diagnosis & treatment (EPSDT) exams, by HMO, age 3-20 years

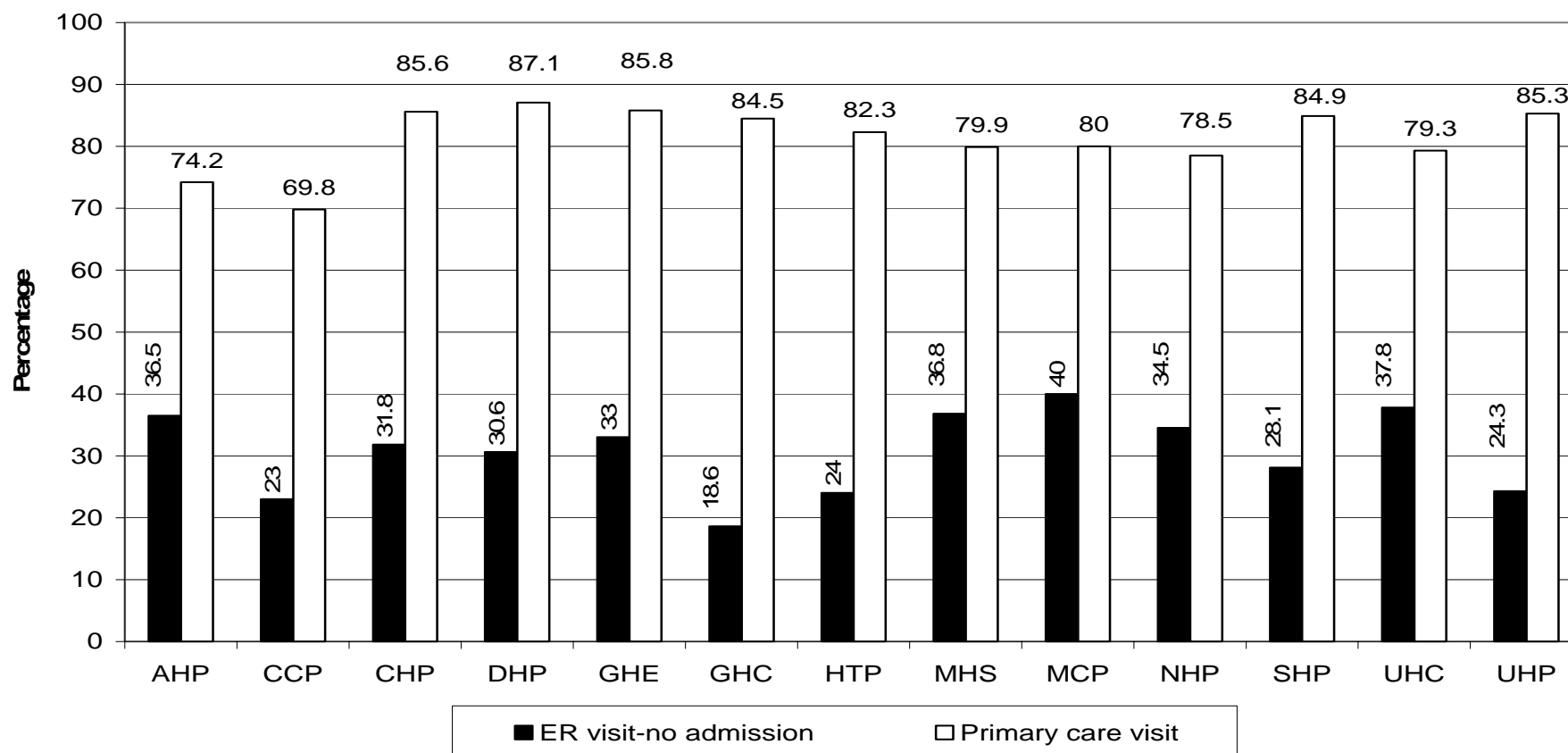


The average rate for children age 3-5 years with at least one EPSDT exam in the look-back period was 85.6 percent across all HMOs. For children age 6-14 years, it was 62.8 percent and for children age 15-20 years it was 54.8 percent. Please refer to p. 7 for a key to the HMO abbreviations.

General and Specialty care-outpatient

Monitoring measure

General & specialty outpatient care, all ages, by HMO

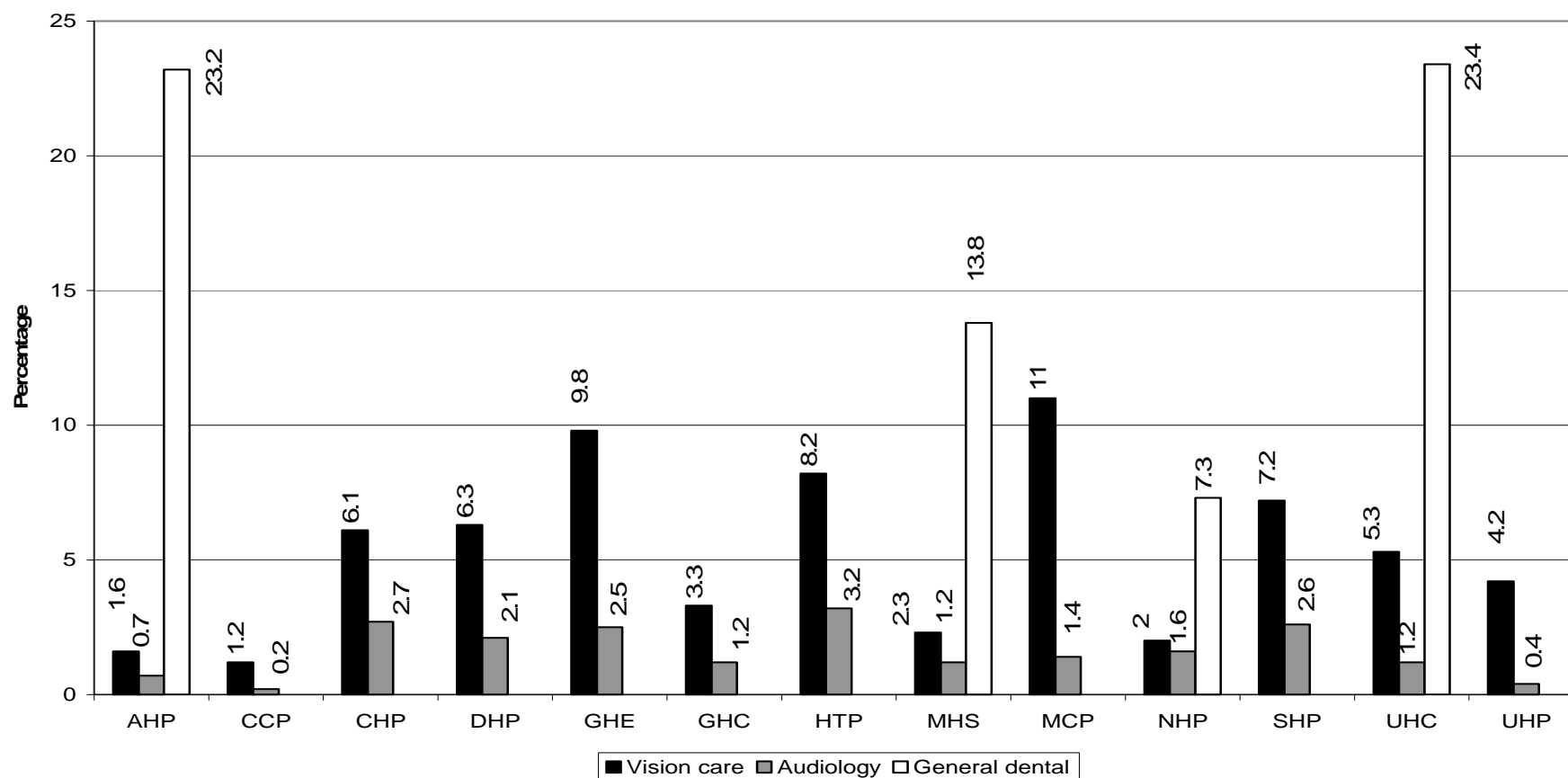


In 2006, the average rate for emergency room/department (ER) visits not resulting in hospital admission was 36.1 percent. Average rate for primary care visits was 80.7 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-outpatient (continued)

Monitoring measure

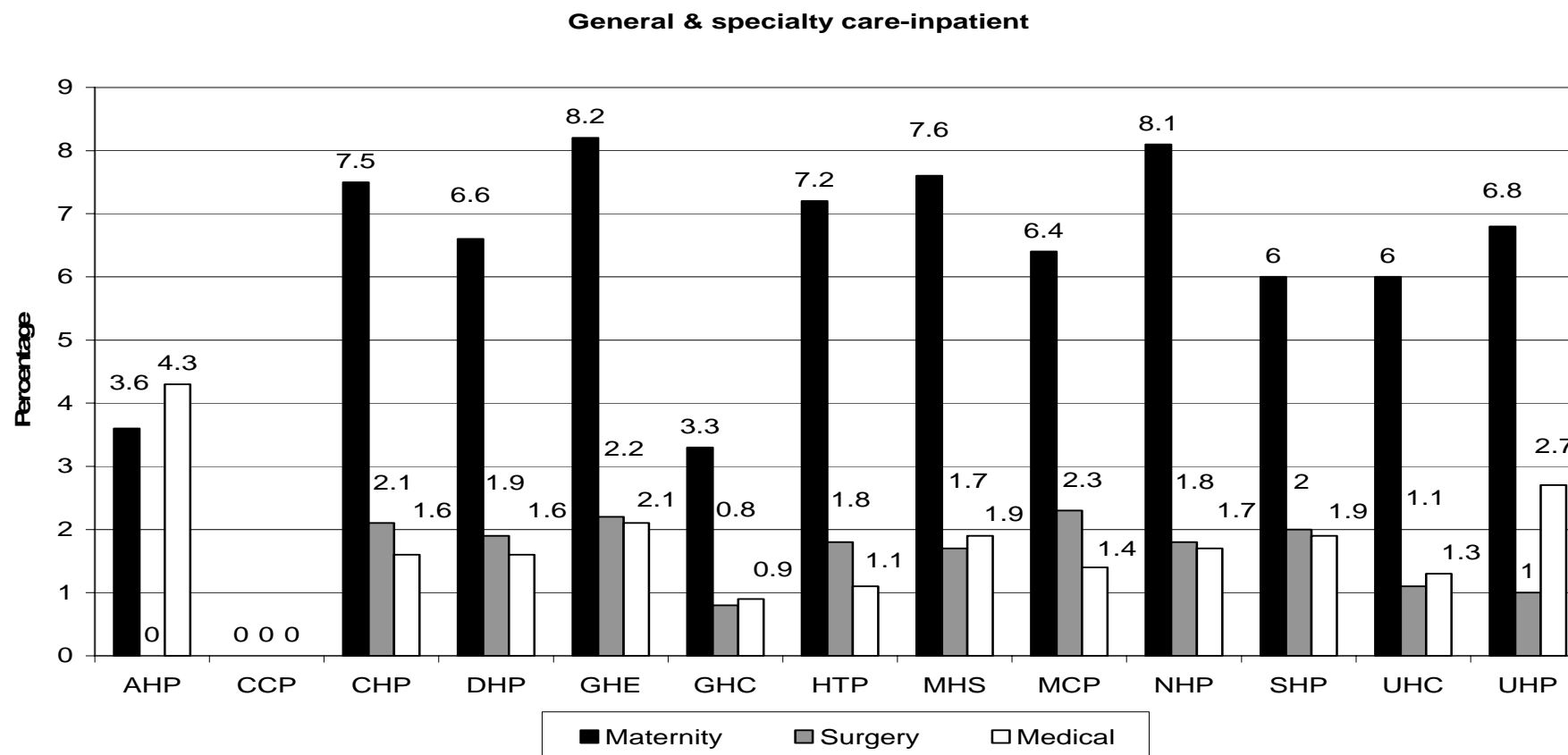
General & Specialty outpatient care, all ages, by HMO (continued)



The 2006 HMO average for vision care was 4.8 percent, for audiology it was 1.5 percent and for general dental care, 25.8 percent. The measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Four HMOs—AHP, MHS, NHP and UHC—provide dental services under their contract in 2006. Please refer to p. 7 for a key to the HMO abbreviations.

General and Specialty care-inpatient

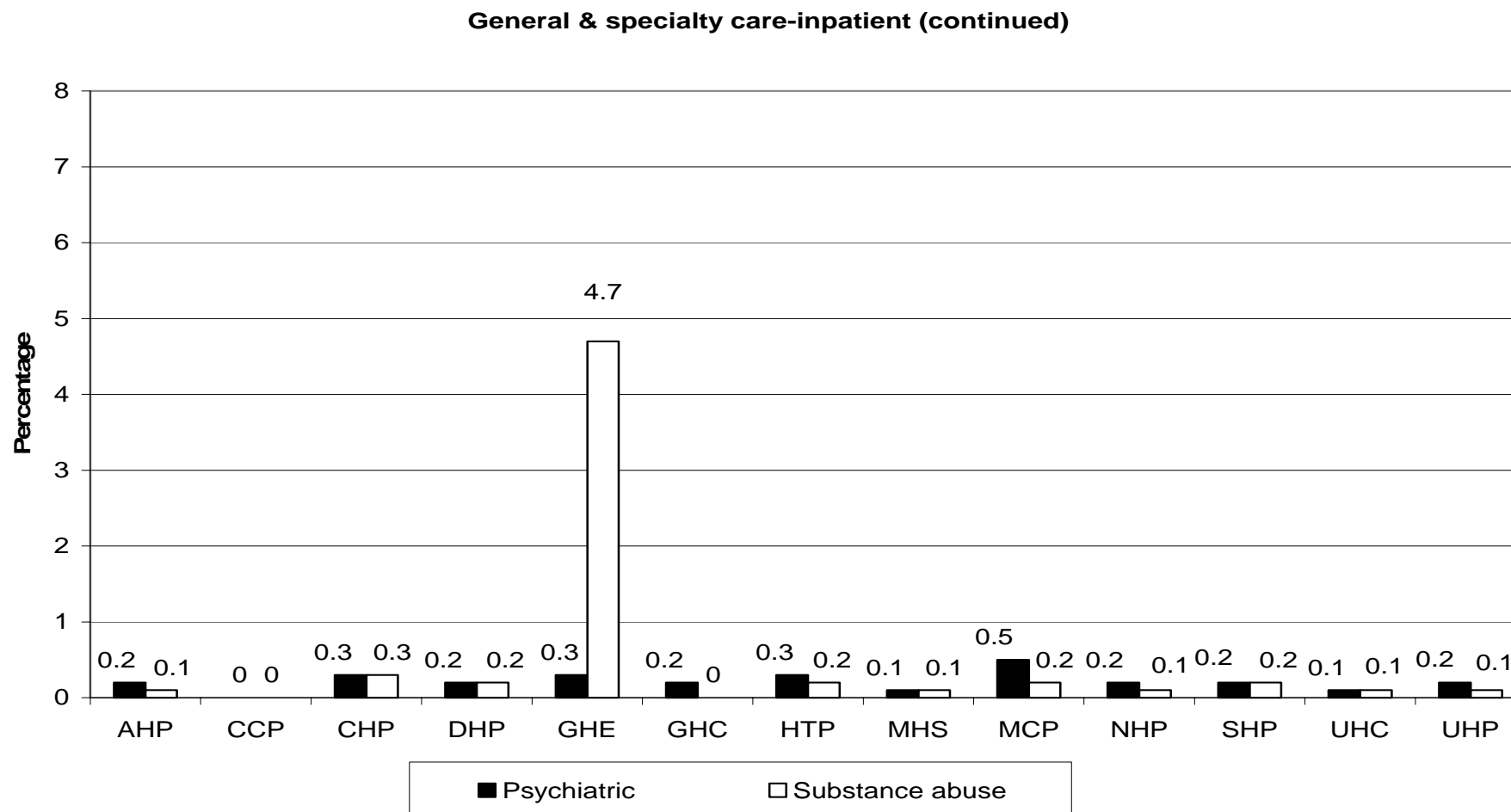
Monitoring measure



In 2006, the program-wide HMO average for maternity care was 7 percent, 1.6 percent for surgical inpatient care, and 1.7 percent for inpatient medical care. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

General and Specialty care-inpatient (continued)

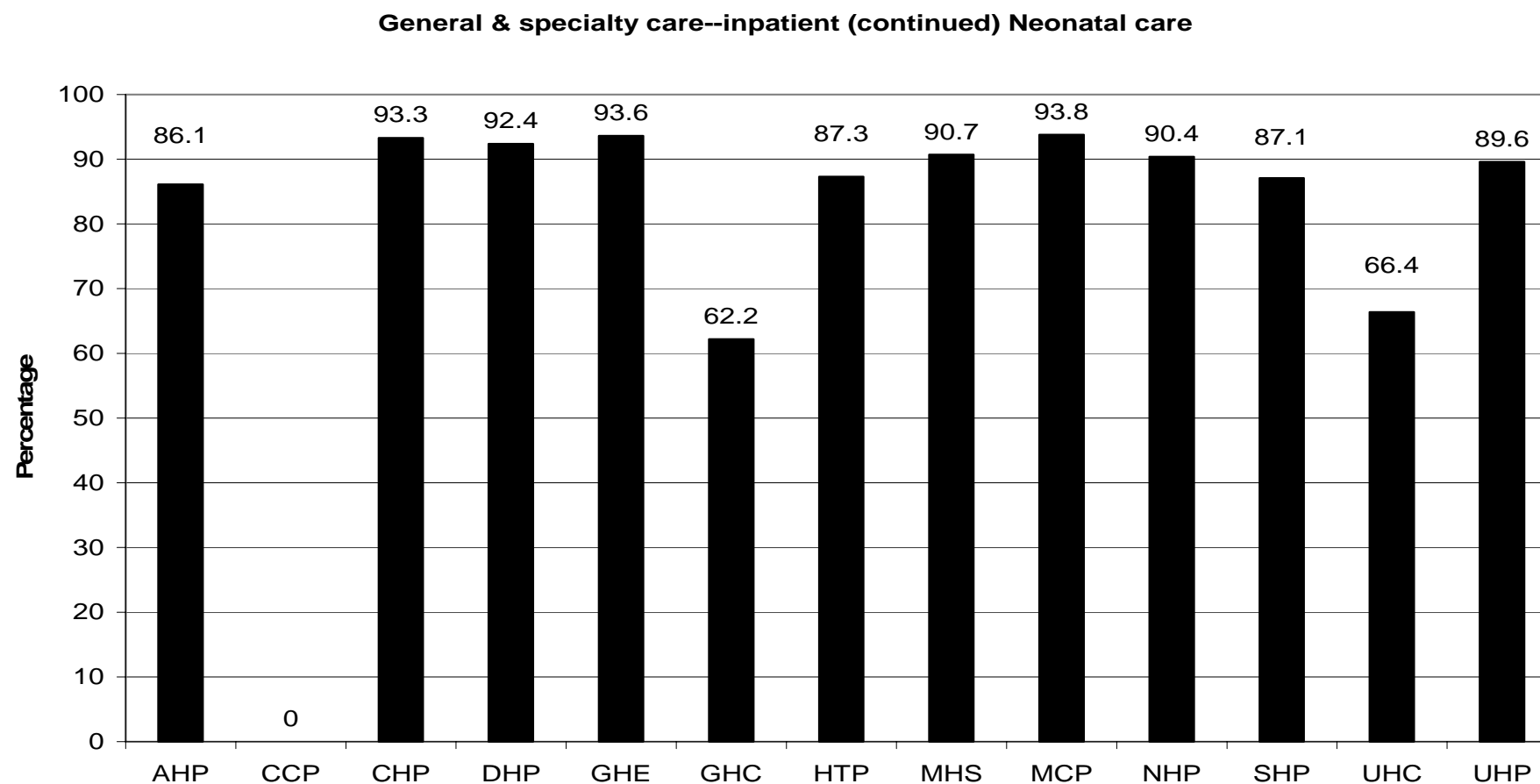
Monitoring measure



The 2006 program-wide HMO average for inpatient psychiatric care was 0.2 percent and was 0.12 percent for inpatient substance abuse care. Please refer to p. 7 for a key to the HMO abbreviations.

General & Specialty Care—Inpatient (continued)

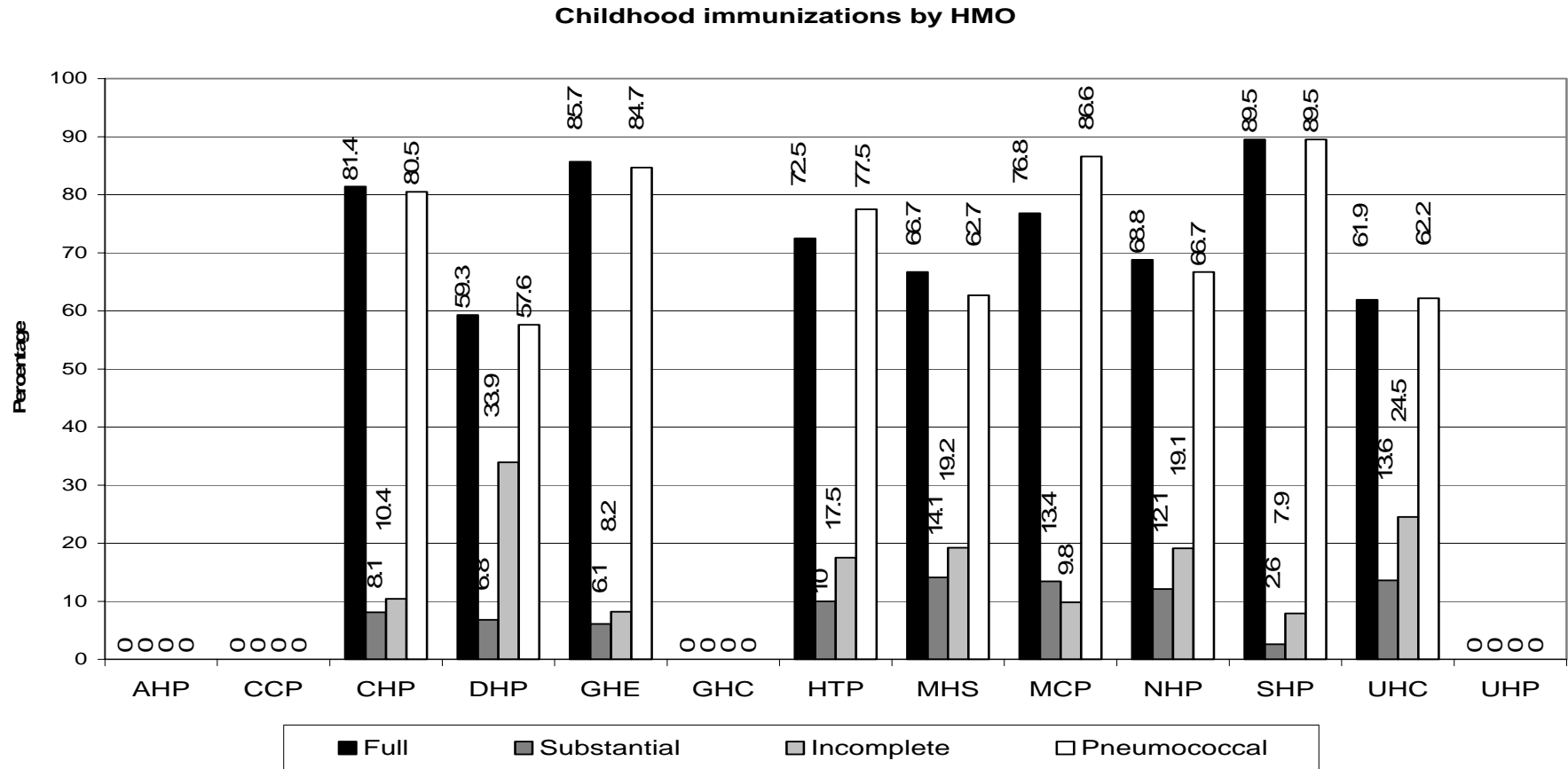
Monitoring measure



In 2006, the program-wide average for neonatal care was 83 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Immunizations for children

Targeted performance improvement measure

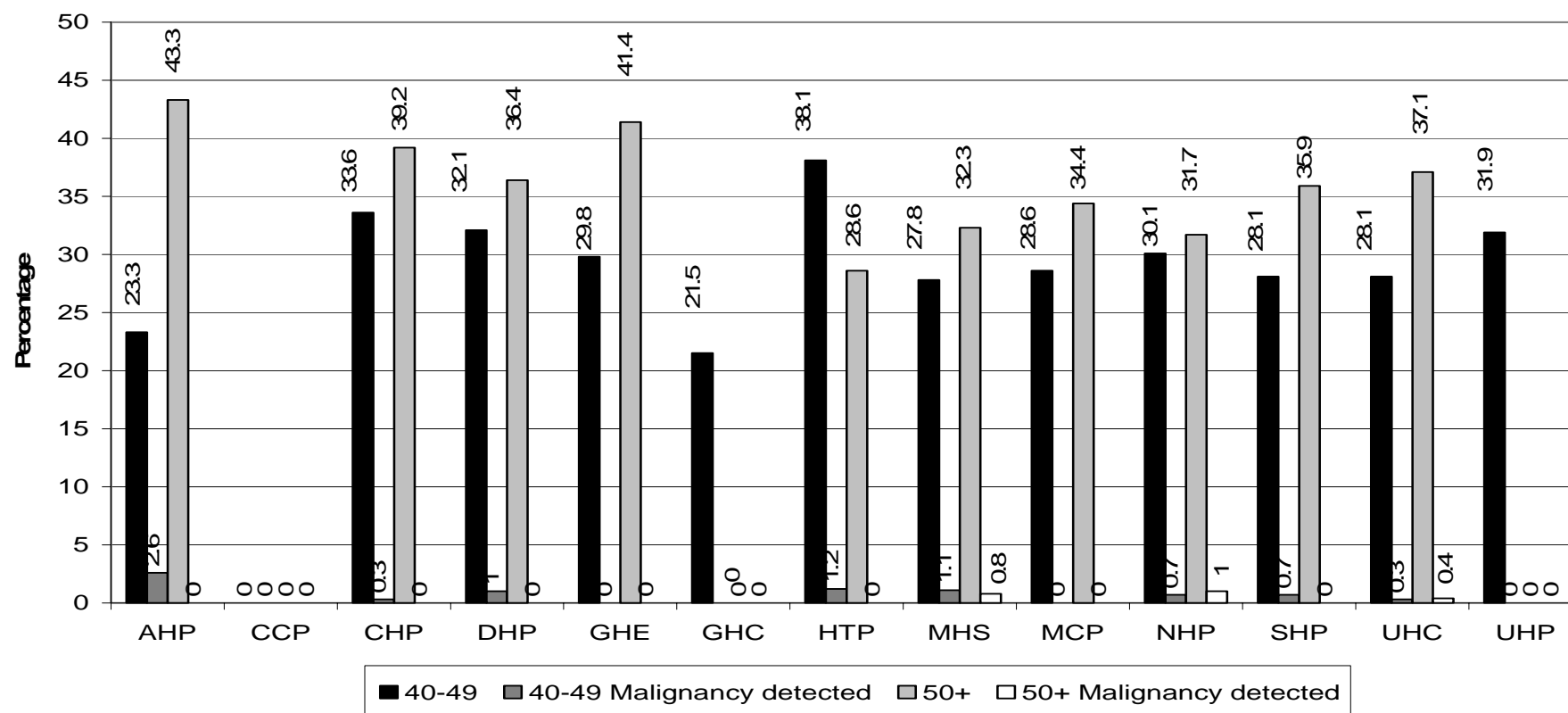


In 2006, the overall HMO average for full immunization status was 68.9 percent. The average for substantial immunization status was 12.2 percent and the average for incomplete immunization status was 18.9 percent. The average for the pneumococcal vaccination status (4 doses) was 67.4 percent. AHP, CCP, GHC, and UHP each had fewer than 30 enrollees in the denominator, so their rate is not entered. Please refer to p. 7 for a key to the HMO abbreviations.

Mammography (screening) and Malignancy Detection

Monitoring measure

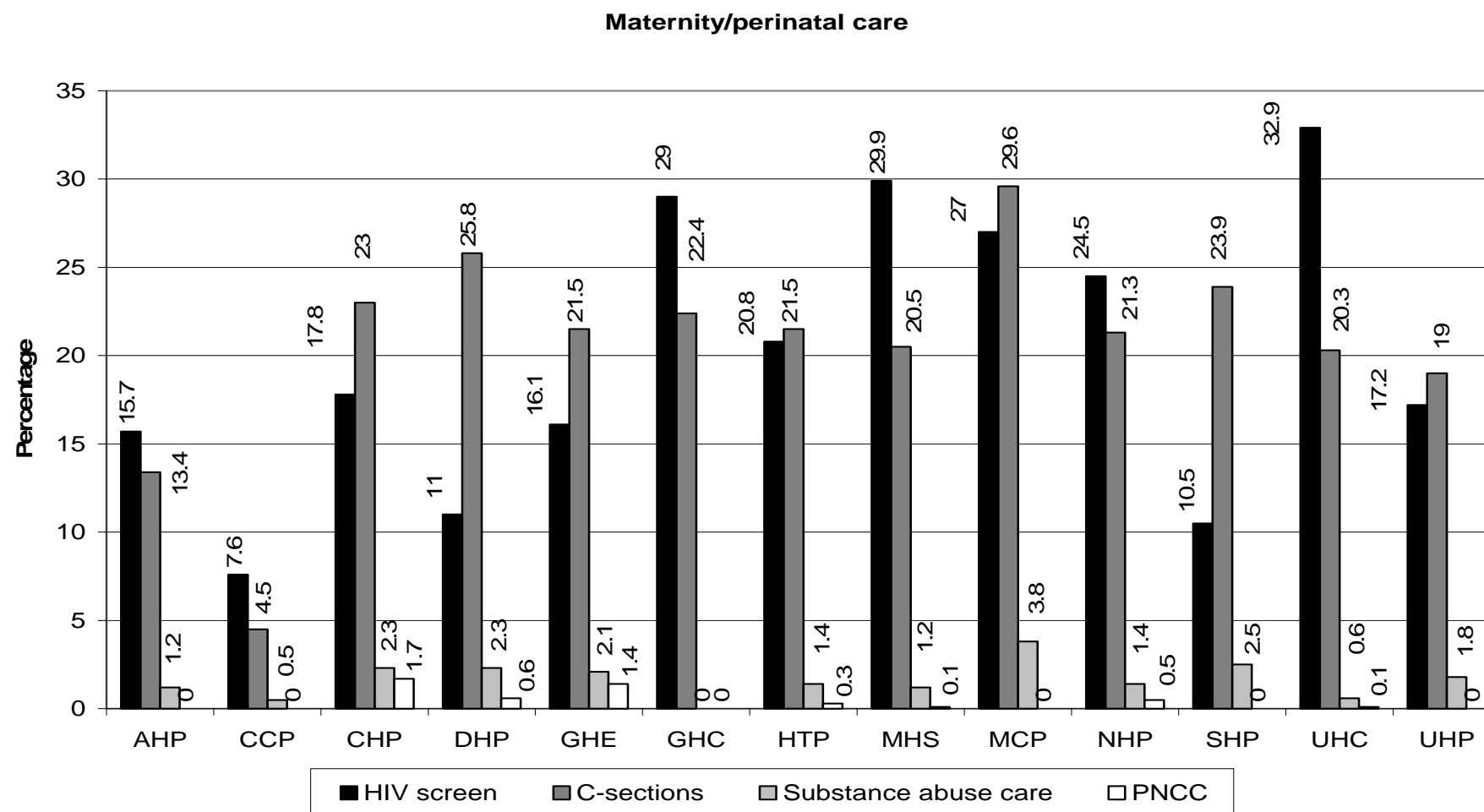
Mammography (screening) and malignancy detection



In 2006, the average HMO screening mammography rate in the 40-49 years age cohort was 29 percent, with an average malignancy detection rate of 0.7 percent. The average rate in the 50+ years age cohort was 35 percent with a 0.6 percent detection rate. One HMO, CCP—had a denominator smaller than 30 enrollees in the 40-49 years age cohort and therefore have no rate reported; three HMOs—CCP, GHC and UHP—had a denominator smaller than 30 enrollees in the 50+ years age cohort and therefore have no rate reported. Please refer to p. 7 for a key to the HMO abbreviations.

Maternity/perinatal Care

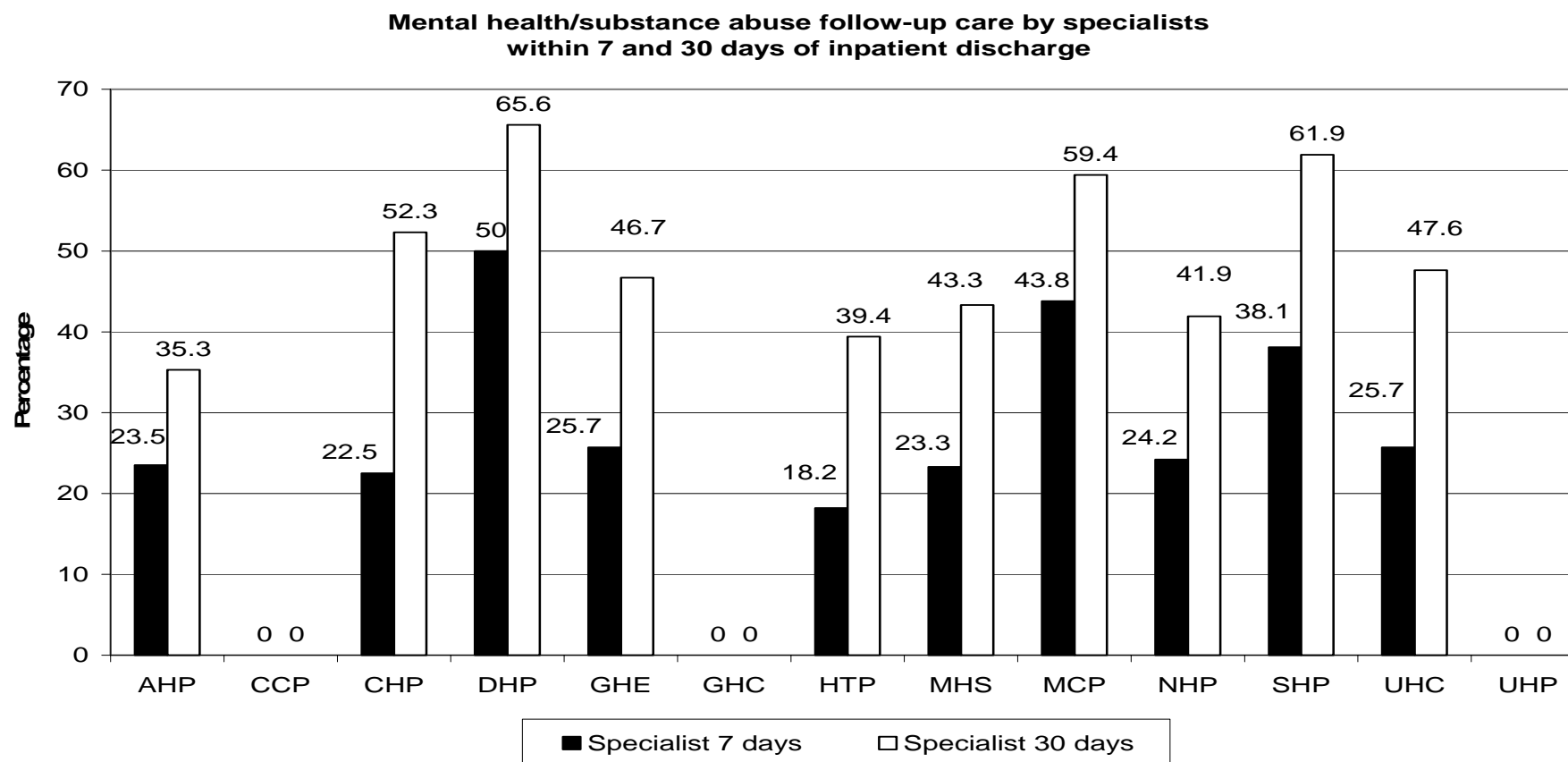
Monitoring measure



In 2006, the HMO average Cesarean section rate was 21.0 percent. The average rate for substance abuse care in the perinatal period was 1.4 percent and the average rate for voluntary HIV testing was 25.3 percent. Prenatal Care Coordination was identified for 0.4 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge

Targeted Performance Improvement Measure

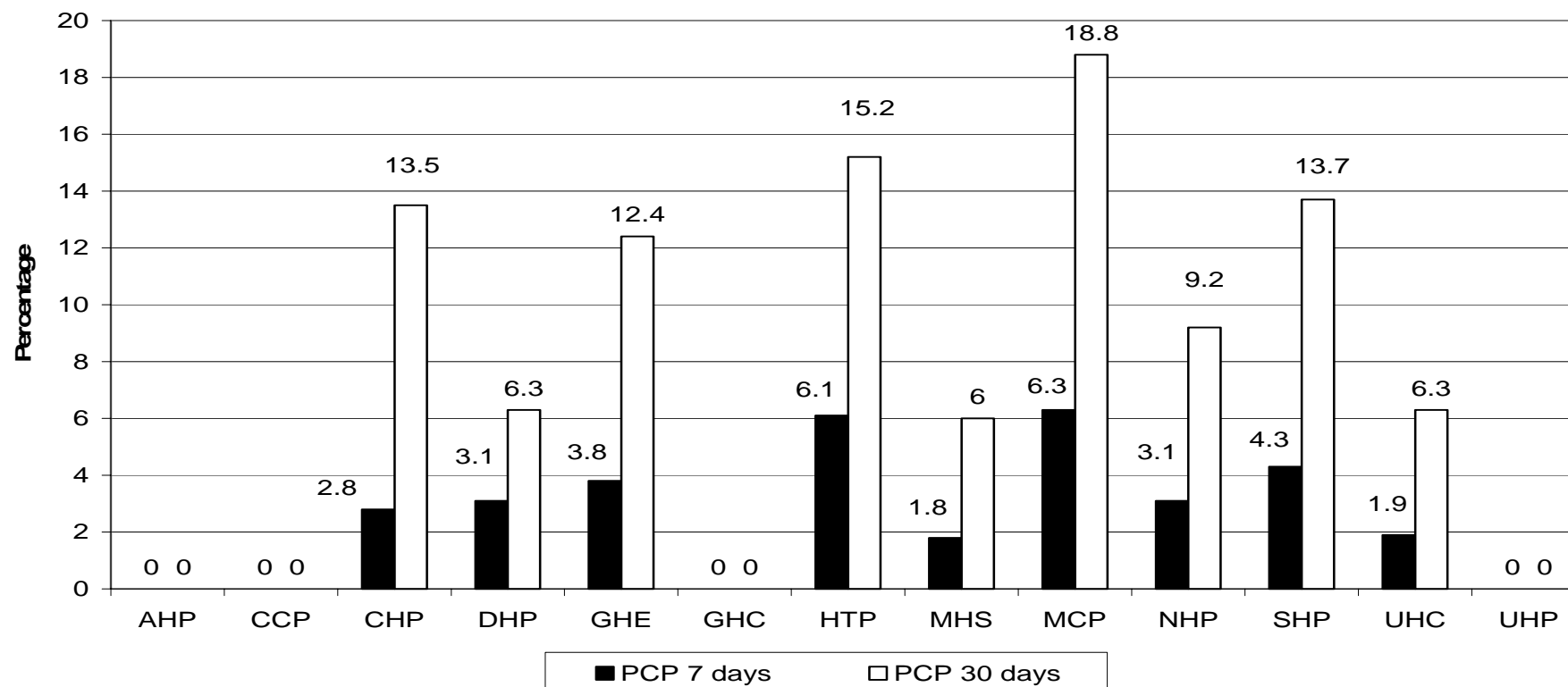


The 2006 HMO average for mental health or substance abuse follow-up care by a specialist for all ages within 7 days of inpatient discharge was 26.4 percent; for follow-up within 30 days it was 47.3 percent. Three HMOs (CCP, GHC, and UHP) had denominators with fewer than 30 discharges and are not reported individually. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

**Mental health/substance abuse follow-up care by PCPs
within 7 & 30 days of inpatient discharge**

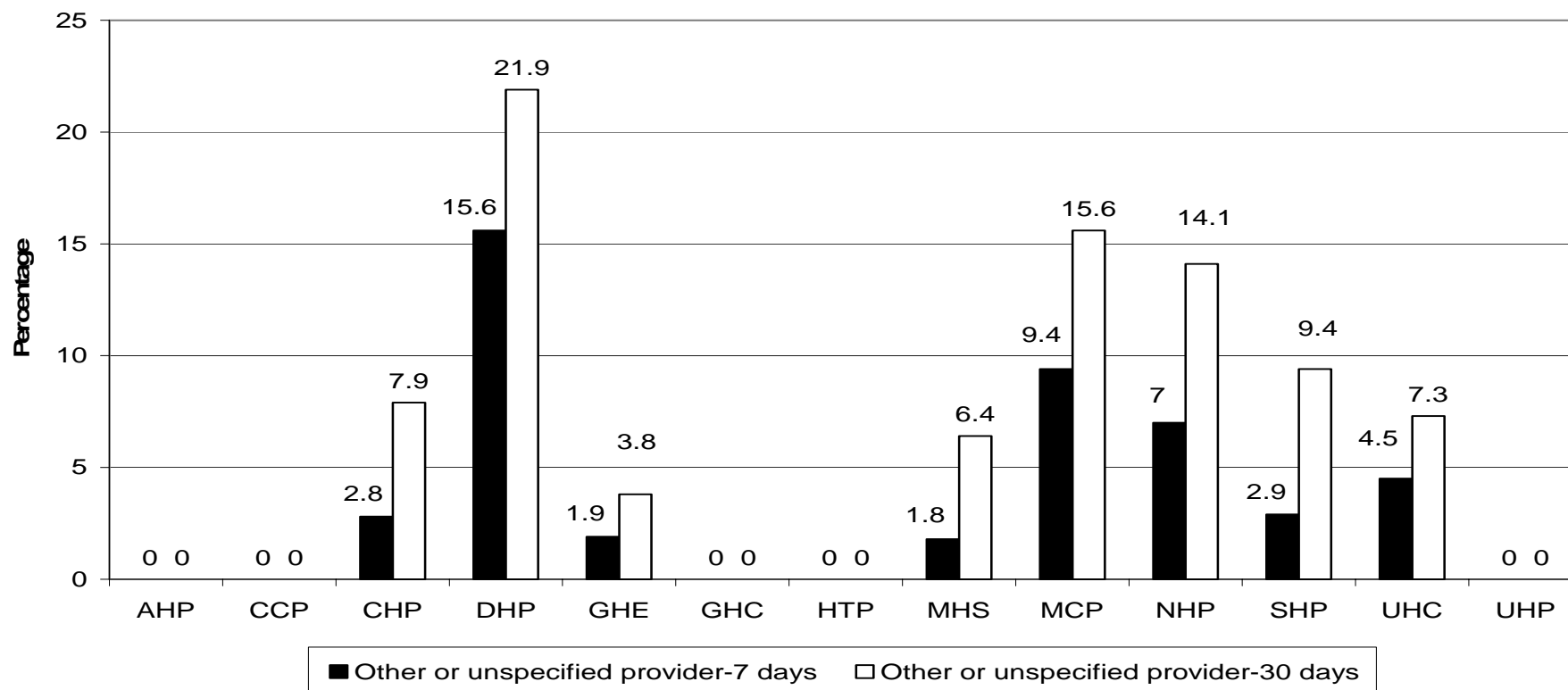


The 2006 HMO average for follow-up care by a primary care provider (PCP) within 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 2.8 percent. The average for follow-up within 30 days by a PCP was 9.0 percent. Three HMOs (CCP, GHC, and UHP) had denominators with fewer than 30 discharges and are not reported individually. AHP had no encounters for this provider type. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

Mental health/substance abuse follow-up care by "other" or unspecified providers at 7 & 30 days after discharge from inpatient care

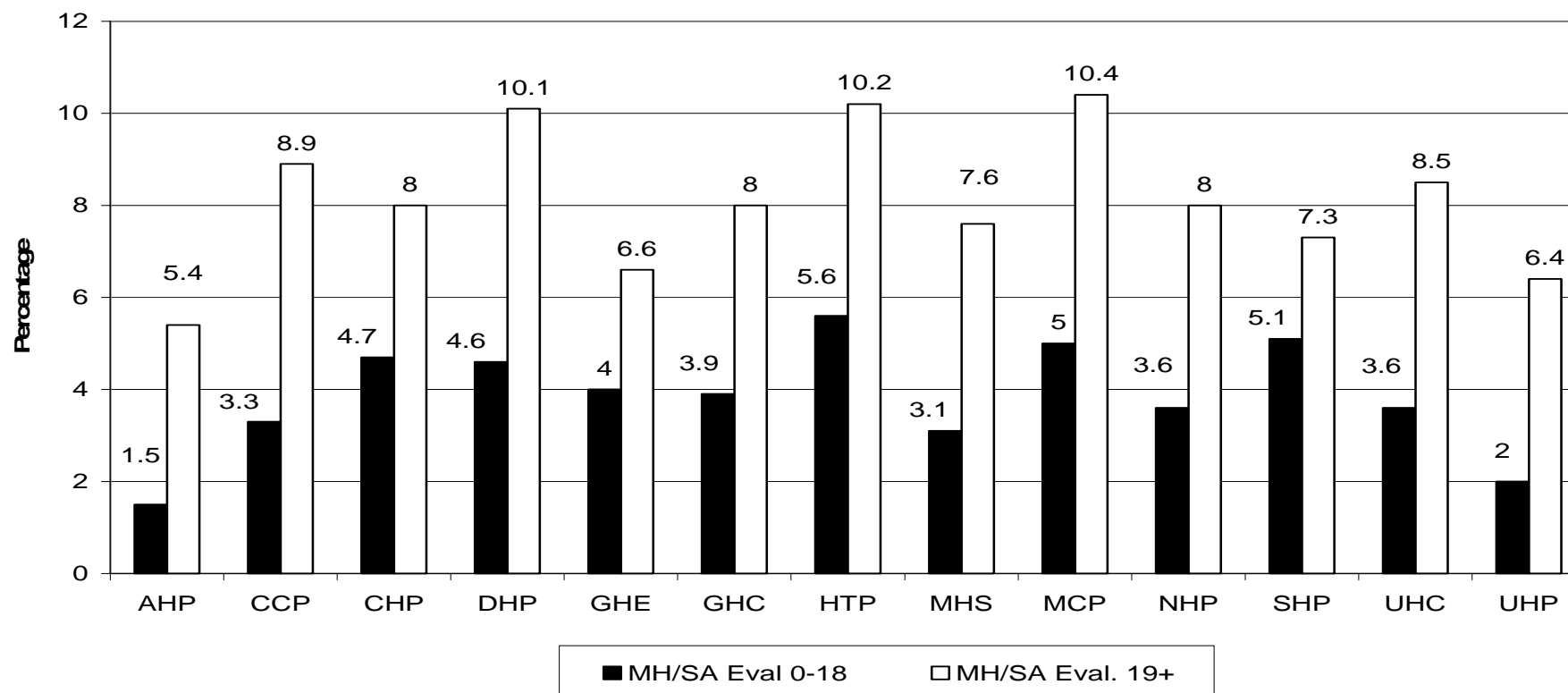


The 2006 HMO average for post-discharge follow-up care after inpatient care for mental health or substance abuse diagnoses by an "other" or "unspecified" provider within 7 days of discharge was 4.1 percent. The average for follow-up within 30 days of discharge for all ages was 8.7 percent. Three HMOs (CCP, GHC, and UHP) had fewer than 30 discharges and are not reported individually. AHP and HTP had denominators greater than 30 discharges but had no encounters for this provider type. Please refer to p. 7 for a key to the HMO abbreviations.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care

Monitoring Measure

Mental health/substance abuse outpatient care & evaluations

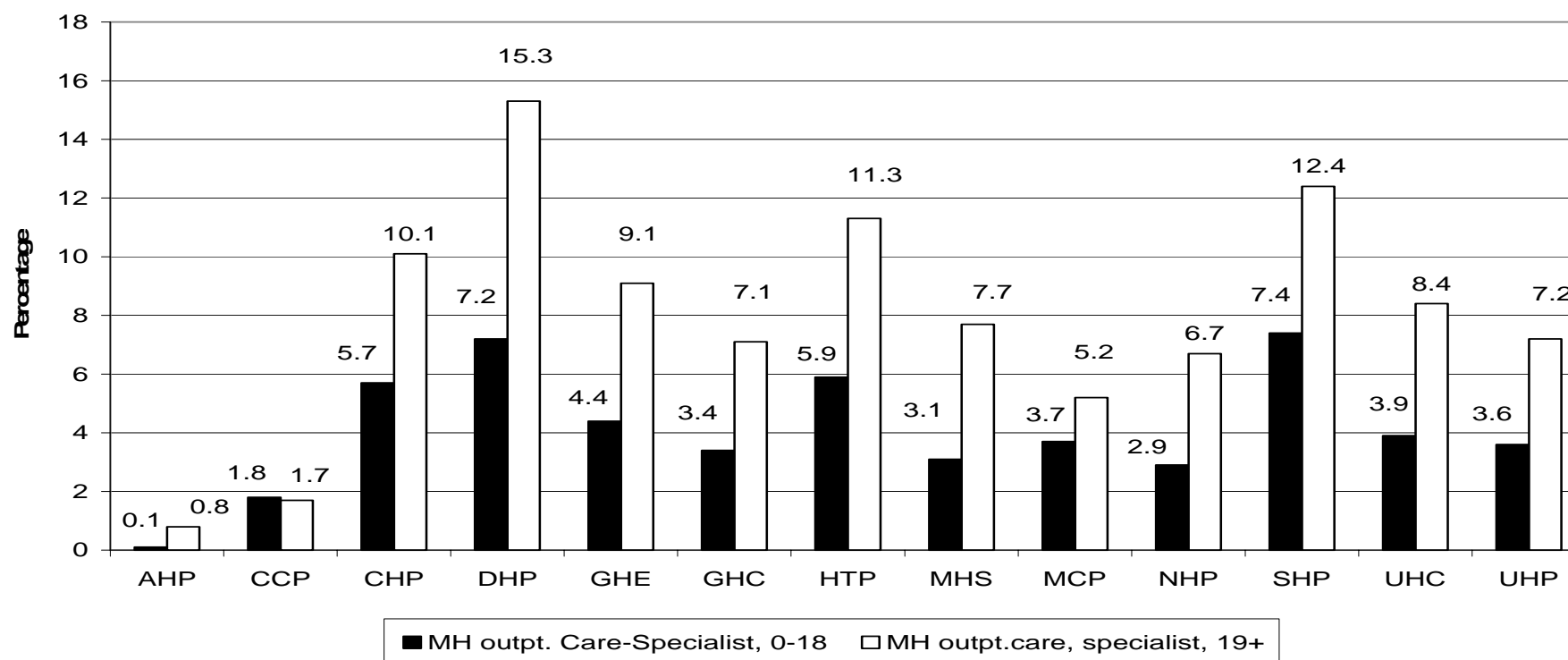


The average rate of mental health/substance abuse outpatient evaluations for all ages across all HMOs in Medicaid and BadgerCare was 5 percent in 2006. The average rate for age 0-18 years age group was 3.6 percent; the average for the 19+ years age group was 8.0 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Mental health outpatient care by specialists

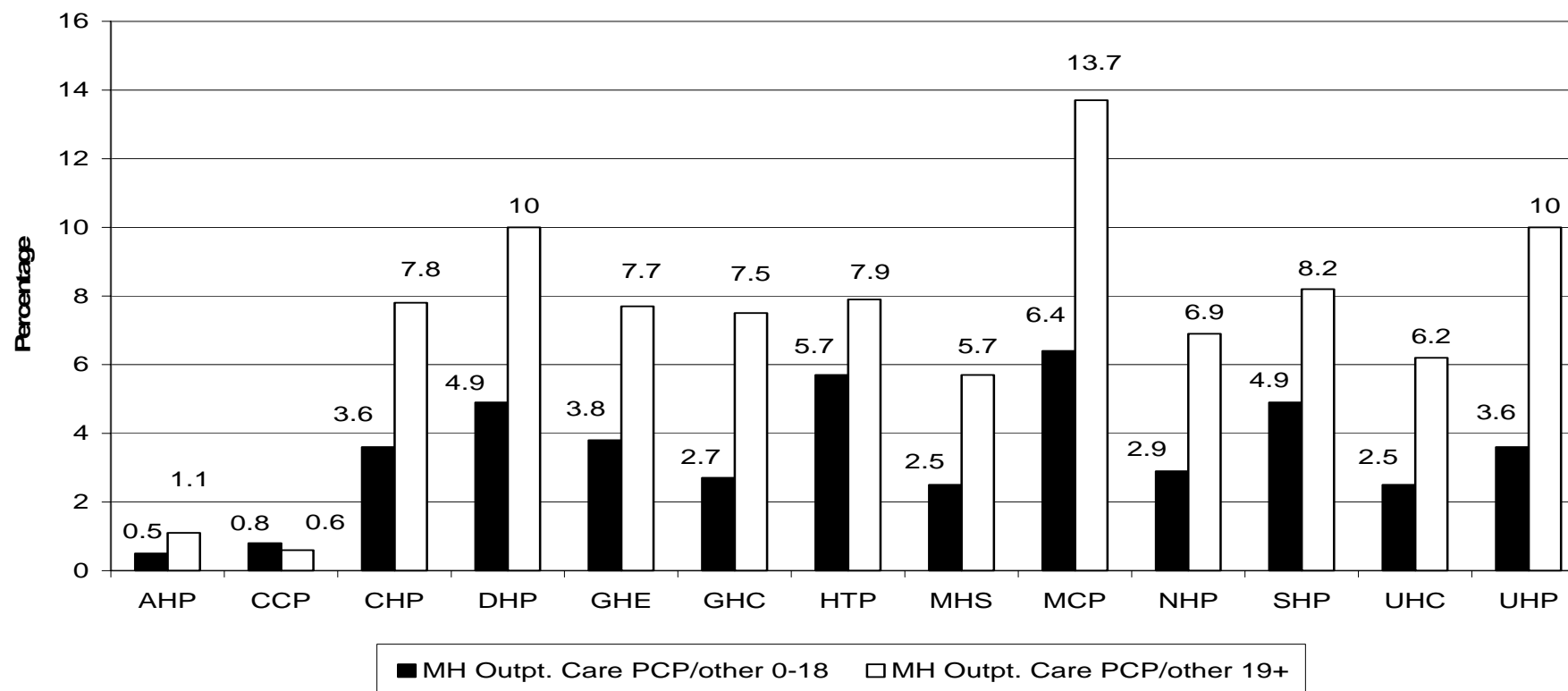


In 2006, the average rate of mental health outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 5.3 percent. The average rate of mental health outpatient care by a specialist for the 0-18 years of age group was 3.9 percent; the average rate for the 19+ year-old age group was 8.4 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Mental Health outpatient care by Primary care or other providers

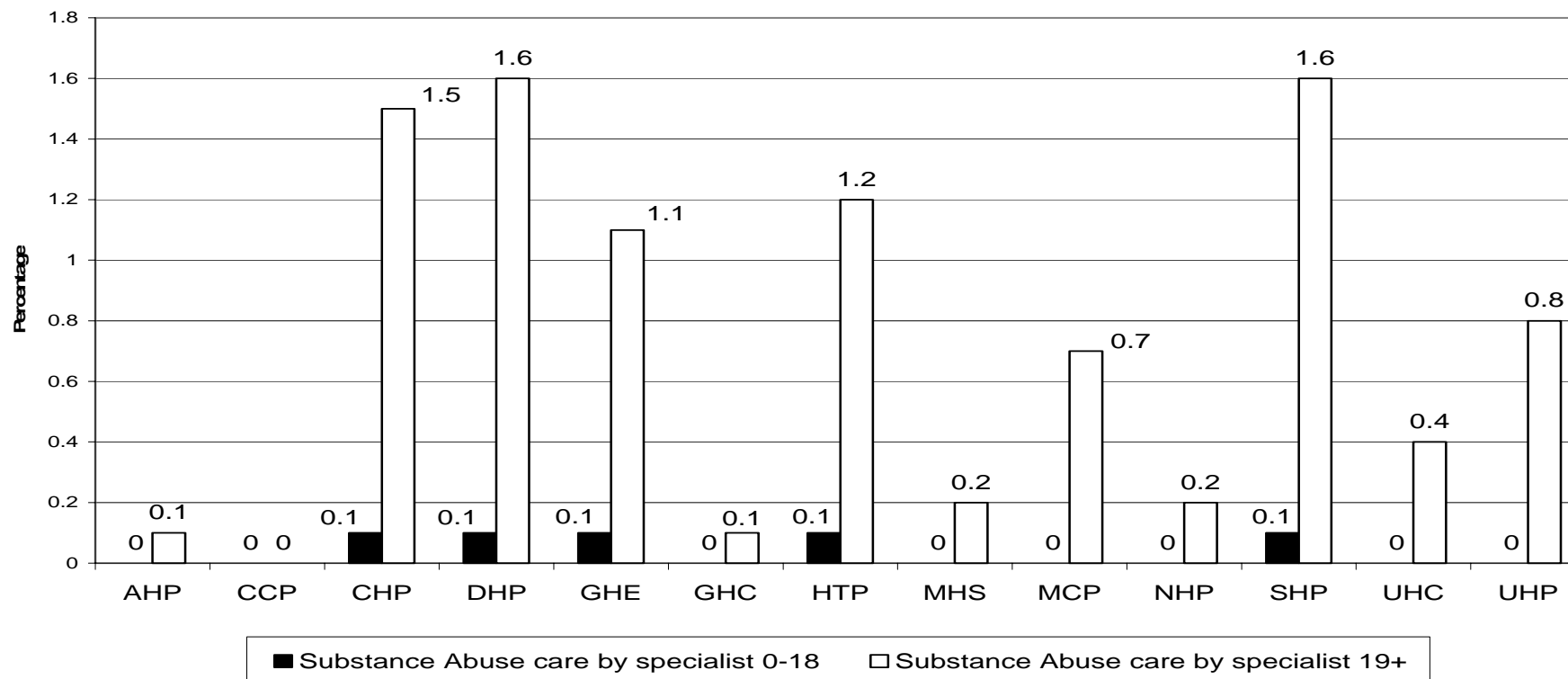


In 2006, the average rate of mental health outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs was 4.2 percent. The average rate of mental health outpatient care by a PCP or other provider for the 0-18 years of age group was 3.0 percent; the average rate for the 19+ year-old age group was 6.8 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

Substance abuse outpatient care by specialists

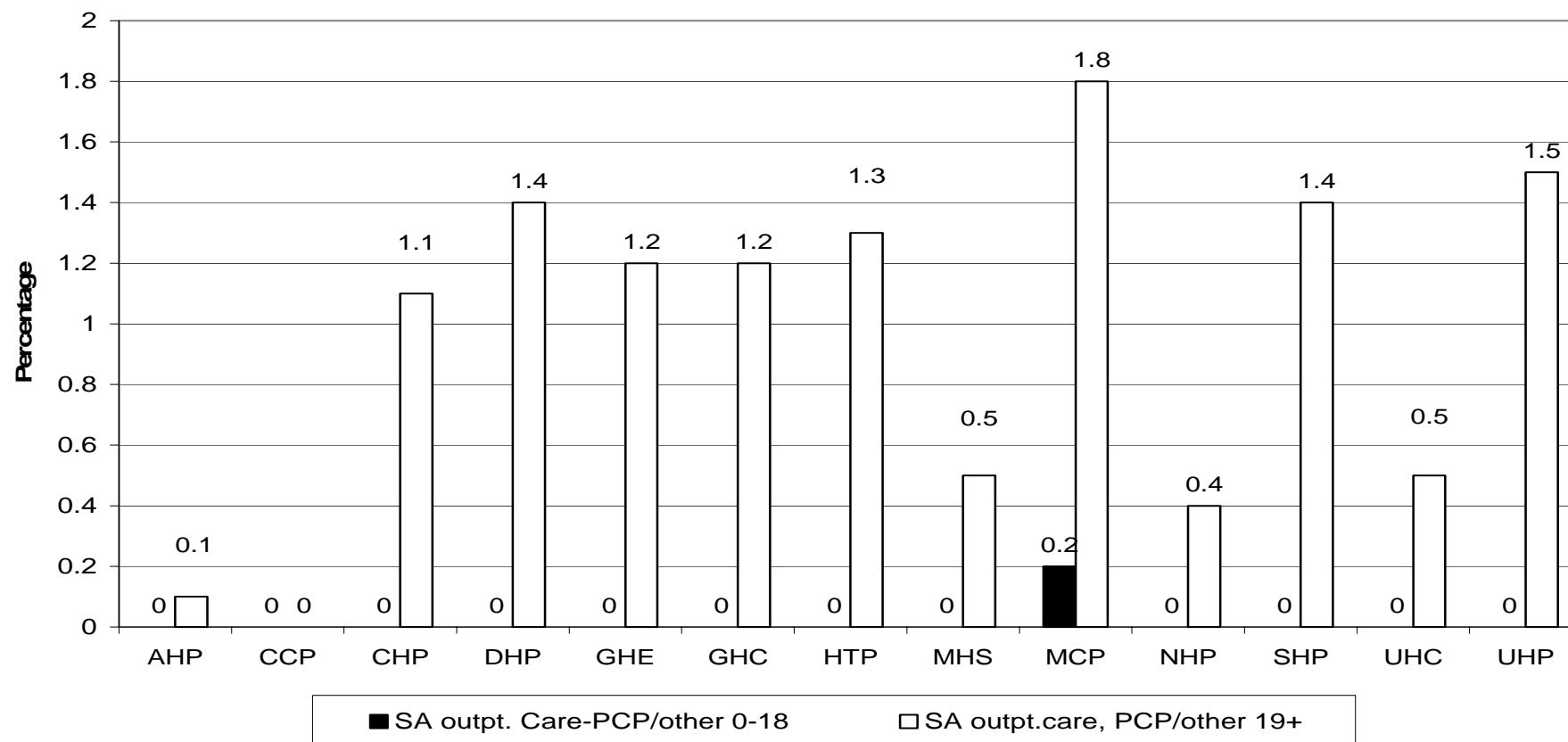


In 2006, the average rate of substance abuse outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 0.2 percent. The average rate of substance abuse outpatient care by a specialist for the 0-18 years of age group was 0.03 percent; the average rate for the 19+ year-old age group was 0.9 percent. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Mental health/substance abuse-evaluations and outpatient care (continued)

Monitoring Measure

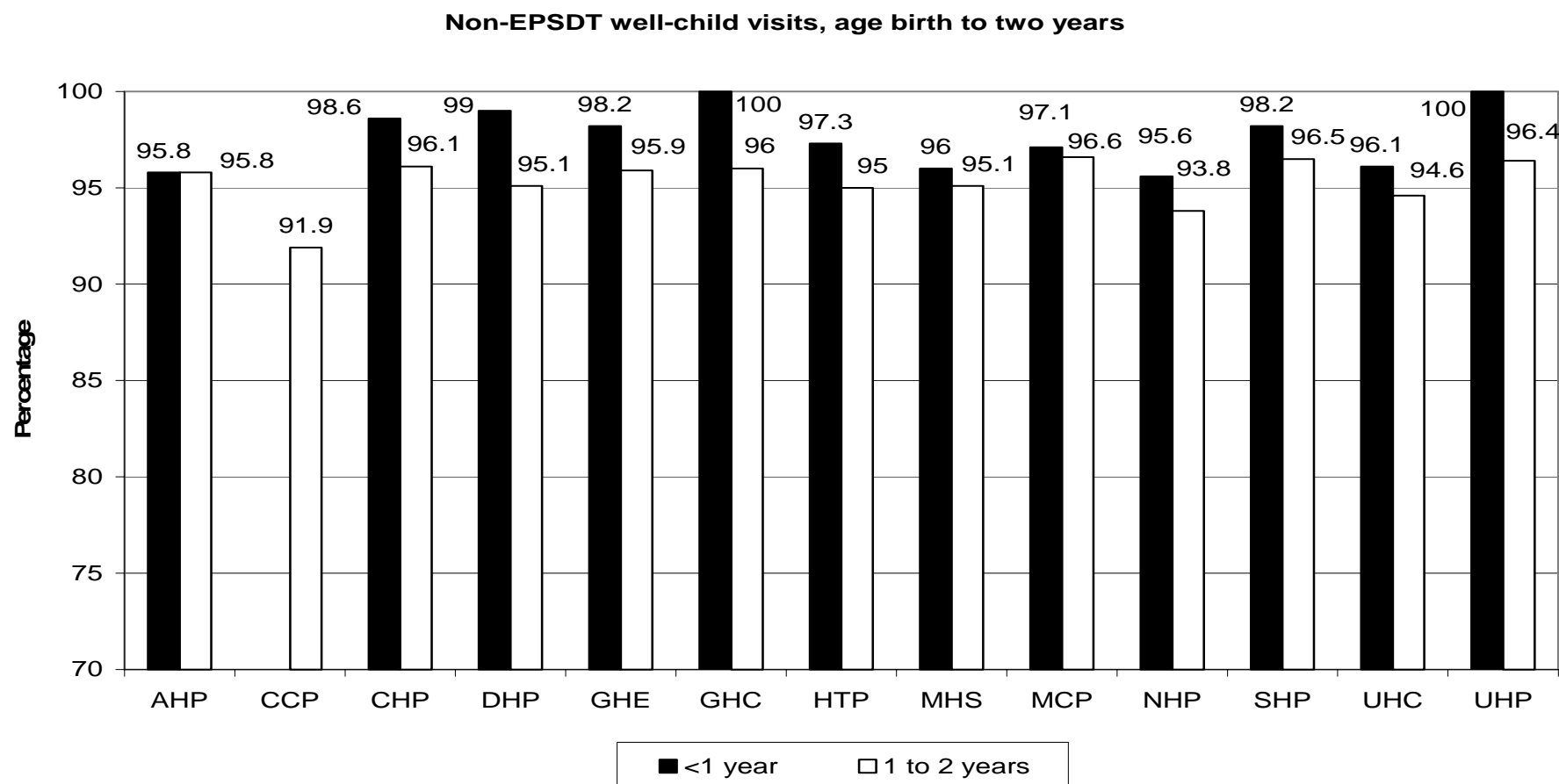
Substance abuse outpatient care by primary care and other providers



In 2006, the average rate of substance abuse outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 0.2 percent. The average rate of substance abuse outpatient care by a PCP/other provider for the 0-18 years of age group was 0.02 percent; the average rate for the 19+ year age group was 0.7 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Non-EPSDT Well-child Care

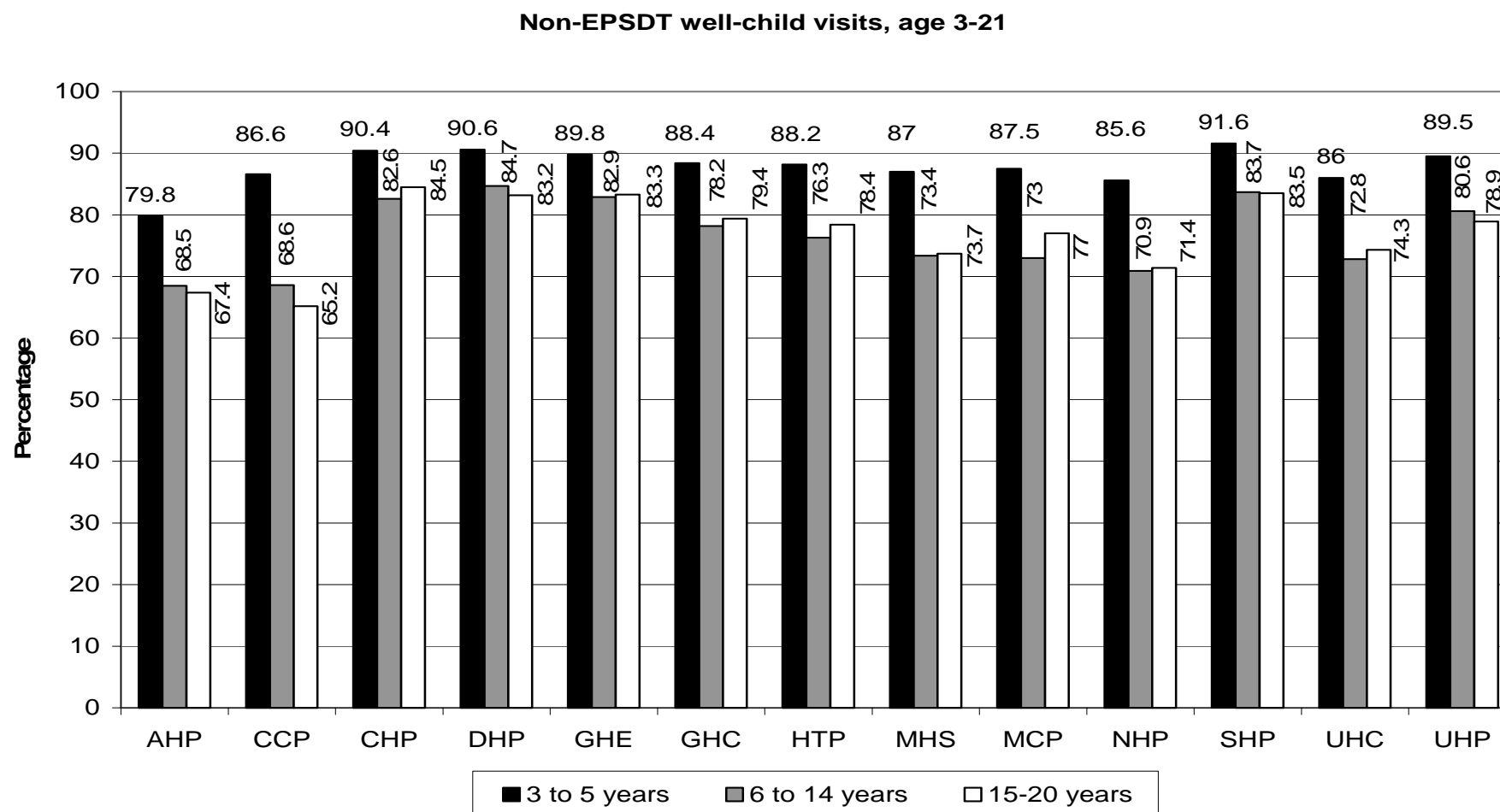
Monitoring measure



The average rate of provision of at least one non-EPSDT well-child visit for children under age one year across all HMOs in Medicaid and BadgerCare was 96.6 percent in 2006. The average rate of provision of at least one non-EPSDT well-child visit for children age one to two years across all HMOs in Medicaid and BadgerCare was 95 percent. CCP had fewer than 30 enrollees in the denominator for one-year-olds, so that is not reported. Please refer to p. 7 for a key to the HMO abbreviations. Results continued on next page.

Non-EPSDT Well-child Care (continued)

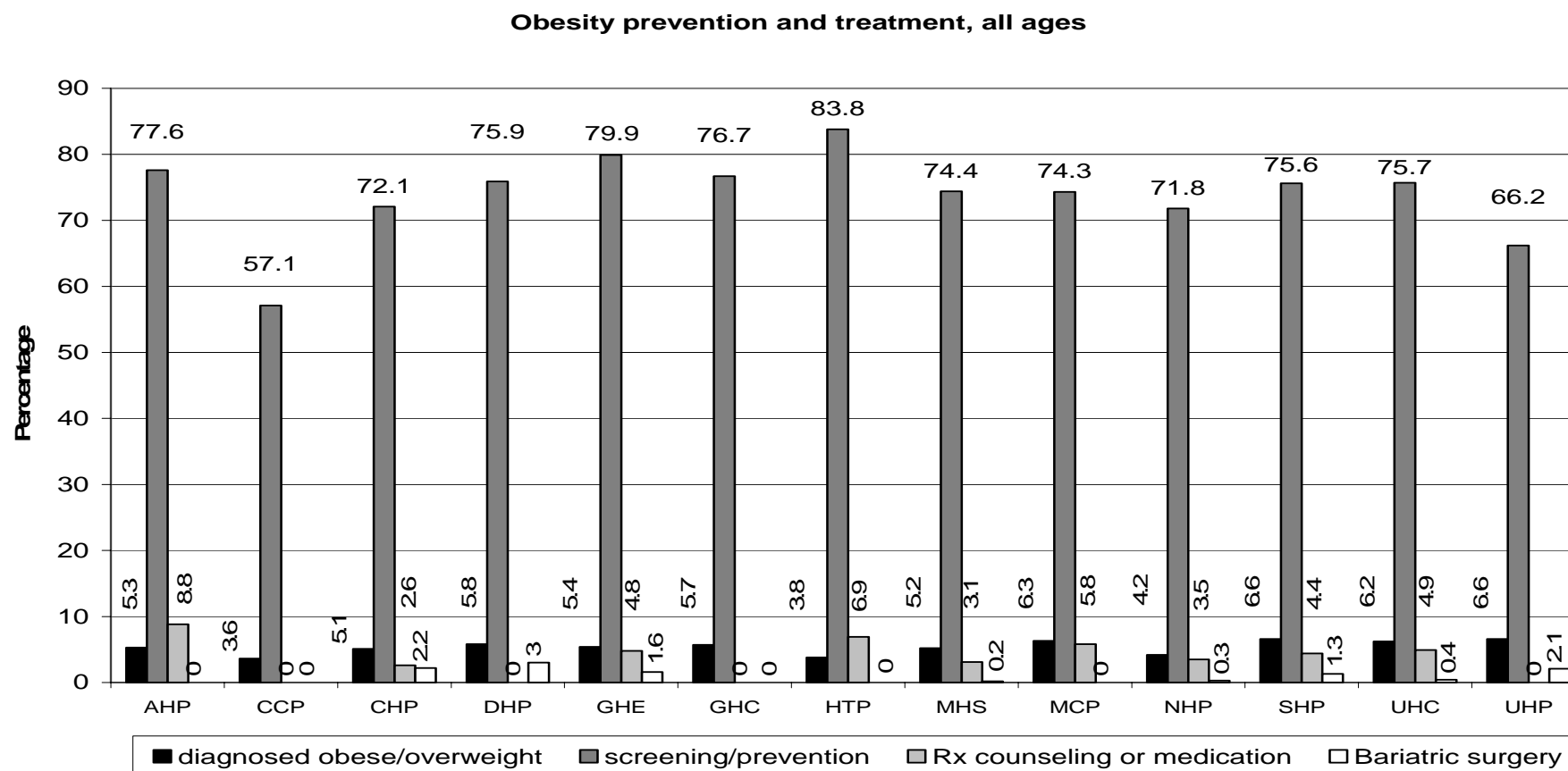
Monitoring measure



The average rate of provision of at least one non-EPSDT well-child visit for children age 3 to 5 years across all HMOs in 2006 was 87.2 percent. The average rate for children age 6 to 14 years across all HMOs was 74.9 percent. For children age 15-20 years of age, the rate was 75.6 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Obesity prevention & treatment

Monitoring measure

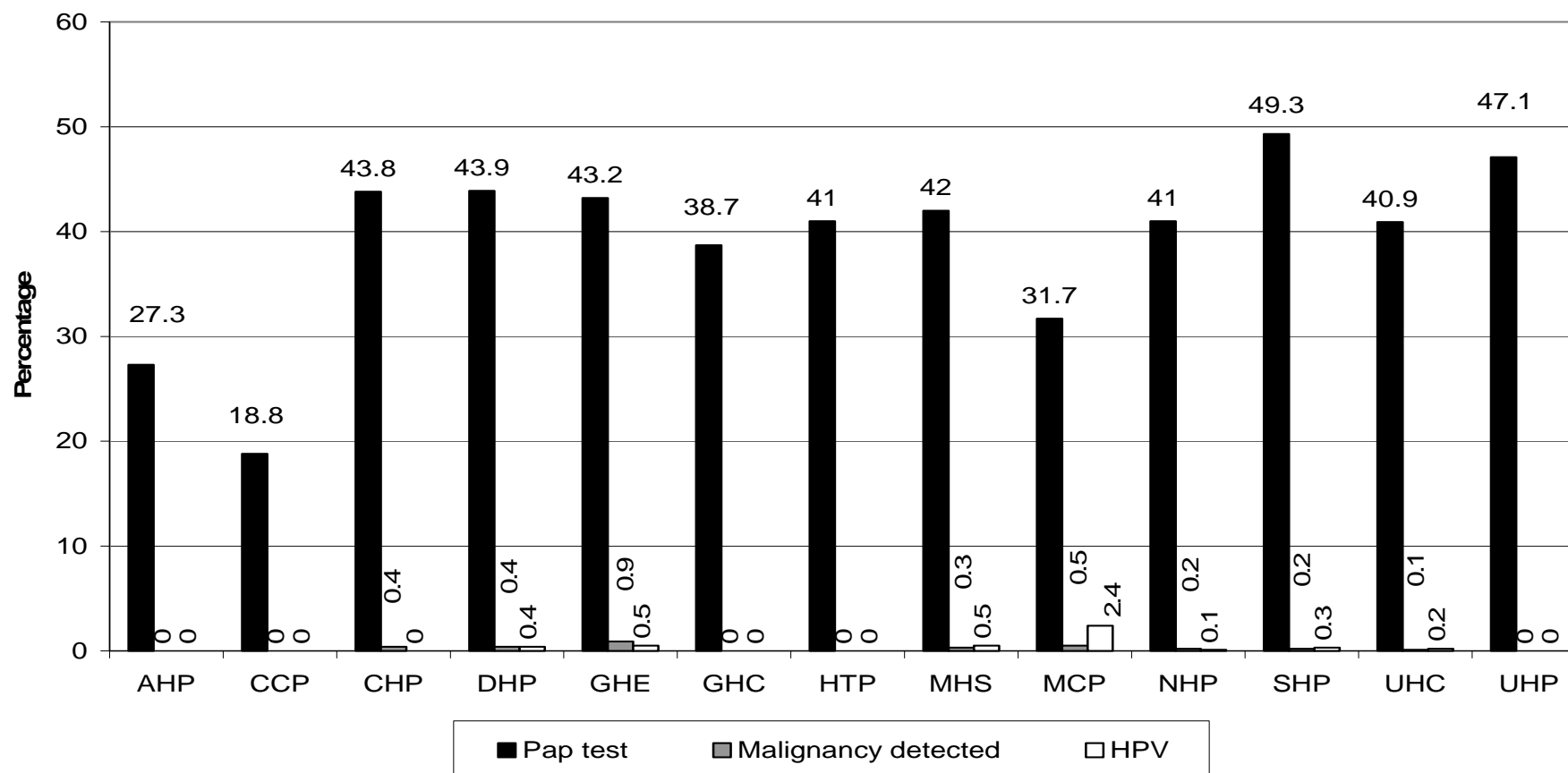


In 2006, the program wide average for the period prevalence of encounters for a diagnosis of obesity was 5.5 percent. The average percentage for screening and prevention services was 74.7 percent; for non-surgical obesity treatment with medications the period prevalence rate was 3.9 percent and for intervention with bariatric surgery 0.6 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Pap Tests-Cervical Cancer Screening

Targeted performance improvement measure

Pap test, malignancy detected and HPV detected

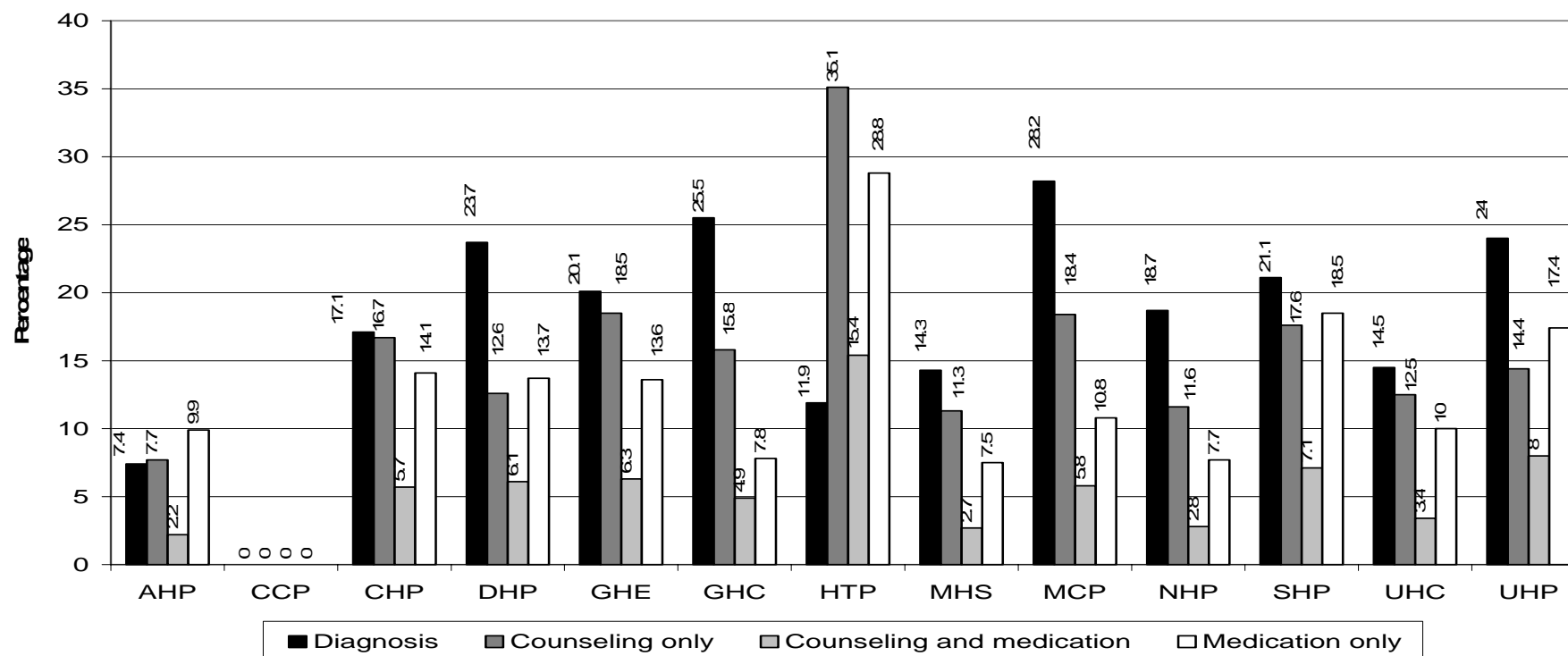


In 2006, the average rate of provision of Pap tests across all HMOs for women age 18-65 years was 42 percent, up from 35.4 percent 2005. The rate of detection of cervical malignancies was 0.2 percent. The rate of detection of human Papillomavirus (HPV) infections was 0.3 percent. Please refer to p. 7 for a key to the HMO abbreviations.

Tobacco dependence treatment

Monitoring measure

Tobacco dependence period prevalence and treatment



In 2006, the average period prevalence of encounters with diagnosed tobacco dependence was 16.5 percent. The average rate for delivery of tobacco cessation counseling without concurrent use of prescription medications was 13.7 percent; for counseling with concurrent medications ordered the rate was 4.2 percent and for use of prescription medication without concurrent counseling, the rate was 10.7 percent. Please refer to p. 7 for a key to the HMO abbreviations.